	13180	CERTIFICATE	OF DEATH	1	3182		
1.	PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	o. STATE	Where deceased lived, if institution: Reside b. COUNTY	ence befare admission)		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corparate limits, write RURAL and gi	ve nearest town)  O / / /  e. IS RESIDENCE		
	MEMORIAL HOSPITAL	give street oddress)	225	BALTIMORE ST.	ON A FARM? YES NO		
3.	NAME OF First DECEASED (Type or print)  FF   F	Middle	ABRAHAM	4. DATE Month OF DEATH OCTOBER	Day Year		
S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	7-14-87	9 AGE (In years IF UNDER			
du	a. USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR			ITIZEN OF WHAT OUNTRY?		
13 13	lead Nurse - County Infirm	ary Uniontown,	PMOUNT SA 14. MOTHER'S MAIDEN	NAME	I. S.A.		
19	WILLIAM HARDEN  . WAS DECEASED EVER IN U.S. ARMED FORCES? 16	5. SOCIAL SECURITY NO. 17. II	LAURA S	SHAFFER			
(Y	es, no, or unknawn) (If yes give war ar dates of service)	12-10-1001	MORIAL HO	SPITAL, CUMBERL			
	18. CAUSE OF DEATH (Enter only one couse per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ar (a), (b), and (c).)	Tasi	2	ONSET AND DEATH		
	Conditions, if any, which gave ) DUE TO	eneinomo	- 4- the	e course -	24 mo		
	rise to immediate cause (a), stoting the underlying cause lost.	dere	0				
NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING D' OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in	Port I ar Part II af item 18.)	YES NO		
MEDICAL	Haur a.m. Whi	le Nat While facto	E OF INJURY (Hame, farn ary, street, affice bldg., etc.		aunty) (State)		
	21. I certify that (I) (this haspital) attended the deceased fram FSB 2C, 1965, to 657, that (I) (we) last saw the deceased alive an 1967, and that death accurred ab 50 M, from causes and an the date stated above						
	220. SIGNATURE	M.D.	ATTENDING PHYS.	MED. STAFF 22b. I	DATE SIGNED 43, 1961		
	22c. PHYSICIAN'S NAME (Type) DR., DONALD	B. GROVE	22d. ADDRESS	AND, MD.			
	burial, (REMATION, REMOVAL (Specify) Burial 10/4/1967.	23c. NAME OF CEMETERY OR C	aptist Ceme	23d. LOCATION (City or Town) tery Smithfield,	(County) (Stote) Penna.		
2	John J. Haser Jr. 23	ADDRESS	2Sa. REC'	D BY REGISTRAR 2Sb. REGISTRAR'S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer acounty. Page 4 may be retained by the hospitol or ottending physicion.

/R A15 (4) 25M 1/67 THE RESERVE AND THE PERSON NAMED IN THE PERSON NAMED IN STREET

WARYLAND MARYLAND ALLEGARY

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A. Z. Mr. Jaky as THOUNG THOUGH TO SHEET THE STATE OF THE

WILLIAM NATION CAN A STAFFER

- Manager Manager Land Control Control of the Contr

DR. BOHALD B. DROVE CUMBERLA D. NO.

Market - The Country and the Country of the Country

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# FOR STATES HEALTH DEPT.

PM3. Page

State Department of TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Health prior to burial, cremation, or remayal, and in any event within 72 hours after death. 5 may be retained far yaur files.

o veruit medical examiners: this certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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PLACE OF DEATH     O. COUNTY	and the second second		o. STATI		eceosed lived, if institut		befare admission)
	Allegany	MARYL	AND M.	aryland		Allega	any
write RURAL of	(If outside corporate limits, and give nearest tawn)	c. LENGTH OF STAY IN			rparate limits, write RU	RAL ond give i	nearest town)
	PITAL OR INSTITUTION (If not in	hasnital aive street address)	d. STREET	onaconin	1g		e. IS RESIDENCE
							ON A FARM?
	d Heart Hos		J	ackson S			YES NO X
3. NAME OF DECEASED (Type or print)	Gilbert	Middle R	Beeman	01		,	Day Year
S. SEX		MARRIED NEVER MARRIED	8. DATE OF E	BIRTH	9. AGE (In years	IF UNDER TY	
Male	White v	VIDOWED DIVORCED	5/31	/1904	lost birthdoy) 63 yrs.	Manths [	Days Haurs Min.
	ON (Give kind of work dane	10b. KIND OF BUSINESS OR	II. BIRTF	IPLACE (State ar fare	ign country)		EN OF WHAT
during mast of working	ese Employe	INDUSTRY	Los	naconing	.Md.	US	NTRY?
13. FATHER'S NAME	COC MIDIOYC		14. MOTHE	R'S MAIDEN NAME	-		
Re	obert Beeman	i		Janet B	eeman		
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		Addr	ess	
NO drunknawn	(If yes give war ar dates of ser	vice)	Robert	Beeman	. Lonacon	ning.	Md.
	DEATH (Enter anly one cause p				(SON)		INTERVAL BETWEEN
PART I. DE	EATH WAS CAUSED BY:		RONARY O	CCLUSION	(5011)		ONSET AND DEATH
4201	IMMEDIATE CAUSE (a) DUE TO						OODDEN
Canditions, if ar	ny which agus		CORONAL	RY SCLER	2720		
rise ta immedi	ate couse (a),		001(0)1/(1	() OULLIN	0010		
stoting the und	derlying cause (c)						
PART II OTHER		RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(a)		19. WAS AUTOPSY
ATION	SIGNIFICANT CONDITIONS CONTR	NOTINO TO DEATH BUT NOT KEEN	TED TO THE TERMINAN	L DISERSE CONDITION	OTTER IN TAKE I(u)		PERFORMED? YES NO X
CALISE OF DEATH	CONTRIBUTING	20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature	af injury in Part I o	r Port II of item 18.)	H	
Hour	NJURY Month, Doy, Year o.m. 19	20d. INJURY OCCURRED While Not While at wark at wark	20e. PLACE OF INJURY factary, street, af		20f. (City or tawn)	(Coun	ty) (State)
21. I cert	ify that I took charge of	the remoins described abo	ove held on Auto	onsy 🗍 Inst	pection X, Inqu	uiry X,	ond in my opinion
		ouses 🔀 Accident 🔲,		Homicide	Undetermined m		ond in my opinion
	0 .	. 11:	CI	HIEF MEDICAL EXAMIN	IER 🔲	120120	V =
SIGNATURE A	Devedict	Deitarel	M.D. A	SSISTANT MEDICAL EX	AMINER _ 10/	19/19	672. DATE SIGNED
EXAMINER'S			D	EPUTY MFDICAL EXAM	INER T		
NAME (Type)	BENEDICT	SKITARELIC, M.			own, or county MBEI	RLAND.	MARYLAND
23a. BURIAL, CREMA	TION, 23b. DATE THEREO				d. LOCATION (City or To		county) (State)
BUT TALES	ify) 10/22/	1967 Oak Hi	11 Cemet	erv	Lonaconir	o Me	
24. FUNERAL DIREC		ADDRESS		2Sa. REC'D BY RE	GISTRAR 2Sb R		
GEORGE	EETCHHORN	Lonaconing,	Md. 2153	2Sa. RECD BY RE	196/	CISTRAR'S SIG	Judge.
CHOTECT	- TOTTIONETA	TOHOUGHTHE.	FILLS WILL	NAIT	17		1

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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### CEPTIFICATE OF DEATH

	20200			CLIVIII	ICAIL	OI DEATH			7	3184	
	1. PLACE OF DEATH o. COUNTY	Allegan	y	uan.	VIAND	2. USUAL RESIDENCE	Where deceose	d lived, if institution b. COUN	TV	before odmissio	on)
1	h CITY OF TOWAL	If outside corporate limit		c. LENGTH OF STAY	YLAND	c. CITY OR TOWN (If o		a limite verito DIID		-	
	write RURAL on	d give negrest town)  orland	5,	9/15/196			berla		AL OIIQ GIVE III	eoresi iowii)	01-1
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospitol, g	sive street oddress)		d. STREET ADDRESS		Total Total		e. IS RESIL	
0	Alleg	any Count	y Infi	irmary		223 Har	rison	Street		YES T	NO T
	3. NAME OF DECEASED (Type or print)	Fi <b>Le</b> o	rst n	Middle H.	Ben	Lost jamin	4. DATE OF DEATH	Octobe:		Doy Yes	67
34	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH		AGE (In years	IF UNDER 1 YE		
	Male	White	WIDOWED			12/18/188		last birthdoy) Rue Yrs.	Months Do	oys Hours	Min.
		(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Count		. ,,		N OF WHAT	
	during most of working petired	Manager	Ath	DUSTRY nletic Clu	Ъ	Cazenov	a, New	York	D.COUN	S. A.	
	13. FATHER'S NAME	10,112,501	1,02			14. MOTHER'S MAIDEN	NAME				
		D				Vomn	0++ (Dx	Mar.		T. W.	
	15. WAS DECEASED EV	Frank Benja	m 1 n	SOCIAL SECURITY NO.	17. 1	Verno Verno NFORMANP . O . B	OX 500	C rachiles	arlan	DM . D	
		(If yes give wor or dotes	of service)			llegany C					
	No			3-03-2766	A	TTORATTA O	ourcy	TITT TYJII	ary r		
		EATH (Enter only one cou TH WAS CAUSED BY:	ise per line for	(o), (b), ond (c).)	1	. 121	1			INTERVAL BET ONSET AND D	
	11 101	IMMEDIATE CAUSE	(0)	ly oc	onl	400	over	90			
	7 701	DUE	10	//	1	1 2		0		1.0	/
	Conditions, if ony	to couse (a)	(b)	gher	ily	ed CM	سي	eleva	>	JA L	
	stoting the under		(c)	V						0	
	PART II. OTHER S	GNIFICANT CONDITIONS C	ONTRI WING T	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN	I IN PART 1(o)		19. WAS AUTO	OPSY
2	01		- 115.15							PERFORM YES 7	NO D
	200. ACCIDENT WA	S UNDERLYING	20b. DE	SCRIBE HOW INJURY O	CCURRED.	Enter noture of injury in	Port I or Port	Il of item 1B.)			
	OR CONTRIBUTING	CAUSE OF DEATH									
	S 200 TIME OF INI	MEDICAL EXAMINER) URY Month, Doy, Yeor	204 18	JURY OCCURRED	200 PIAC	E OF INJURY (Home, for	m. 20f.	(City or town)	(County	v) /	(Stote)
	20c. TIME OF INJ	m.	While			ry, street, office bldg., etc		(city or town)	(coom)	11	(31016)
	p.		at work			101160		10/11/	6.17		
	21. I cert	ify that (I) (this has	pital) atten	ded the deceased						., that (I) (	
	sow the d	eceased alive an 1	OLTOV	19	and that	death accurred a		fram causes			d abave.
	220. SIGNATURE	$\sim$	1/1	-0		ATTENDING PLUY	MED	STAFF	22b. DATE		-
	LW2	026	VVY	1 m	M.D	. [[][].	DIRECTOR 2	STAFF PHYS.	10/1	1/196	1
	NAME (Type	George	M. S	imons, M	. D.	22d. ADDRESS Memori	al Ho	spital,	Cumbe	rland	,Md.
	23o. BURIAL, CREMATI	ON. 23b. DATE TH		23c. NAME OF CEM		REMATORY	23d. LOC	ATION (City or Tov	vn) (Cc	ounty) (S	stote)
	Burial (Specify	n Oct	14,1967								
	24. FUNERAL DIRECTO		491701	ADDRESS	г па оп		D BY REGISTRA	ittshurgi	SISTRAR'S SIGN	afukleny	Pa
							CT 17	1967	Milan	an Jud	52 T
	byron	Kight	Cumbe	rland. Md.		DATE			0511027	11 0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletery filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cacban papers. Pages 1 and should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs of per deal

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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This certificate should be executed within 24 haurs after death.

CAL EXAMINER:

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Store De, ortment af Health ar its designated agent, priar ta burial, crematian, ar removal, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

VR A15ME (5)

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH

1.	PLACE OF DEATH						(Where dec	eased lived, it insti		nce before	odmissio	n)
	o. COUNTY	Allegany		MARYLAN		. STATE	Va.	b. (C	UNTY Mi	nera	el	1
	b. CITY OR TOWN (I	outside corporate limit	5,	c. LENGTH OF STAY IN 1	c. C	TY OR TOWN (If	outside corp	prote limits, write l	RURAL ond giv	re neorest	town)	- 1
	Cumber	land.	300			Ridgel	ey.				85	13
		L OR INSTITUTION (If no	ot in hospital, giv	e street address)	d. S	TREET ADDRESS				(	ON A F	
	Memoria	al Hospital	2			4 Carp	enters	Ave.		,		NO V
3.	NAME OF	Fi	rst	Middle		Last	4. DATE		onth	Doy	Yes	or
	DECEASED (Type or print)	Arth	iur	Eugene	B	rant	OF DEA1		ber 2	28,	19	67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DAT	E OF BIRTH		<ol><li>AGE (In years last birthdoy)</li></ol>	IF UNDER Months	1 YEAR Dovs	IF UNDER Hours	
	Male	White	WIDOWED	DIVORCED	May	16, 19	05	62 yrs.		Doys	Hours	Min.
100	. USUAL OCCUPATION	(Give kind of work done	10b. KINI	OF BUSINESS OR		BIRTHPLACE (Sto				TIZEN OF		
F	ing most of working I	Clerk	Kell	y Tire Co.	R	idgeley	, W. L	la.	u.	STRA?		
13.	FATHER'S NAME				14.	MOTHER'S MAIDER						
	Owen S.	. Brant				Retta I	M. Mod	its				
15	WAS DECEASED EVE	IN U.S. ARMED FORCES?	16. 50	CIAL SECURITY NO.	17. INFOR	AANT	11335	Ad	dress Ri	dael	eu.	W. Va
(1)	NO .	(If yes give wor or dates o	214	-07-0163	Mrs.	Pansy E	. Ise	1 4 Carpe	nters	Ave.	,	
	IB. CAUSE OF DE	ATH (Enter only one cou								INTE	RVAL BET	WEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Shock;	Exa	nguinat	tion		100	Ho	urs	EATH
	5410	DUE										
	Conditions, if ony,		(b)	Bleedin	g Du	odenal	Ulce	r	1.00		11	5.4
	rise to immediate stating the under		TO				A. 1.				141	1
	lost.	,,,,,,	(c)			A Company						
2	PART II. OTHER SIC	SNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELATED	O TO THE TE	MINAL DISEASE C	ONDITION G	VEN IN PART I(o)			WAS AUTO PERFORM	
AIIO												NO 🗍
Ħ	20o. EXTERNAL CAL		20b. DESC	RIBE HOW INJURY OCCUP	RRED. (Enter	noture of injury i	in Port 1 or P	ort II of item 1B.)				
E	PRIMARY ( or CON CAUSE OF DEATH,	IIKIBUTING 🗀										
S	20c. TIME OF INJU	RY Month, Doy, Year				NJURY (Home, fo		(City or town)	(Co	unty)	(	Stote)
ME	Hour o.m	1. 19	While of work	Not While of work	toctory, str	eet, office bldg., et	tc.)					
	21. I certify	that I taak charge		ins described abav	e, held an	Autopsy X	. Inspec	tian X In	quiry [X],	and	in my	apinian
	death result			Accident [],				Undetermined		refe		ap //// arr
	/	)	1, 1	2,	1	CHIEF MEDICA		_				
	ACTUAL SIGNATURB	enedu	ot Al	retareli	M D M D	ASSISTANT M	EDICAL EXAM	INER 🗌		2	2. DATE	SIGNED
		מסד מישוגים	OZZEMAD			DEPUTY MEDI	ICAL EXAMIN	ERXIX Oct	ober	28	106	57
	NAME (Type)	BENEDICT	PYTIAK	ELIC, M.D	•	Address (Stre	eet, city, tow	n, or county cum	berla	nd.	Ma	1
230	BURIAL, CREMATIO			23c. NAME OF CEMETER		TORY	23d.	LOCATION (City or	Town)	(County)		tate)
	BUNCAL (Specify)	11/1/6	57	Hillcrest	Burio			nberland,			de Mo	
24	. FUNERAL DIRECTOR			ADDRESS	9.15	2So. RE	FARY REGIS	TRAR 198725b.	RIGISTRARS	HEMPOUR	0	,
	H Marine	e George Cu	who he Pan	d Md		DATE	ACA Y		U	U		

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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A	13184 MEDICAL	LAMITINEN 3	CLKIIIICAIL O		10000
	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (V o. STATE	Where deceosed lived, if institute b. COI	ution: Residence before odmission)
		MARYLAND			
_		GTH OF STAY IN 1b	c. CITY OR TOWN (If ou	iside corporote limits, write R	URAL ond give neurest town)
	write RURAL and give nearest town)	60	Cumberlen	d	01
	Cumberland Lid d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street	et oddress)	d. STREET ADDRESS	4	e. IS RESIDENC ON A FARM
	Mamanda 2 Hagn		610 Elm	Street	YES NO
3.	Memorial Hosp.  NAME OF First	Middle	Lost	4. DATE Mo	nth Doy Year
	DECEASED (Type or print) Callie H	H. Burns		OF DEATH Oct	IF UNDER 1 YEAR   IF UNDER 24
i.			B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR   IF UNDER 24
1	Male White WIDOWED	DIVORCED	Feb. 22. 1		MOUITIS DOAZ LIONIZ N
100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BU	USINESS OR	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ing most of working life, even if retired)  atired Boilermaker B&C	O R.R.	Cumberle	nd	U.S.A.
13.	FATHER'S NAME	111111	Cumber La	NAME	Ofoth
	Jeech E. Burns		Mery Cove	10	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE	ECURITY NO. 17. II	Mary Gave	Add	dress
(1)	es, no, or unknown) (If yes give wor or dotes of service)	ne Me	morial Hosp	ital Cumbe	erland Md.
_	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b),				INTERVAL BETWEE
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	Acute Card	diac Failure		Hours DEAT
	5271 DUE TO				
	Conditions, if ony, which gove ) (b)	Chronic My	yocarditis;	Cor Pulmonal	.e
	rise to immediate couse (a), Stating the underlying couse				
	lost. (c)			tasis, Silico	
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO T	THE TERMINAL DISEASE CON	NOITION GIVEN IN PART 1(0)	19. WAS AUTOPS! PERFORMED?
ATIO					YES NO
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □	IOW INJURY OCCURRED. (	(Enter noture of injury in	Port I or Port II of item 18.)	
CER	CAUSE OF DEATH.				•
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OC While No.		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (Stot
ME		ot While of work	ory, sireer, ornee brug., ere.,		
	21. I certify that I took charge of the remains d	described obove, hel	ld on Autopsy X,	Inspection XX, Inc	quiry 🗶 , ond in my opi
	deoth resulted from: Notural couses X A	ccident , Suici	ide , Homicide	Undetermined	monner
	B 1 101	1	CHIEF MEDICAL	EXAMINER	
	SIGNATURE Dene dict Sket	arelie	M.D. ASSISTANT MED	ICAL EXAMINER	22. DATE SIG
	EXAMINER'S DESIGN CHIMADEL TO		DEPUTY MEDICA	AL EXAMINER XX Octo	ber 14, 1967
	Trans (Tps)		Address (Street	t, city, town, or countries	erland, Marylan
23	o. BURIAL, CREMATION, RECEIVED 236. DATE THEREOF 236. I Gre	NAME OF CEMETERY OR (	CREMATORY	23d. LOCATION (City or	
		eenmont Cem	H •	Oumpel 19	REGISTRAR'S SIGNATURE
2	4. EUNERAL DIRECTOR	ADDRESS			REGISTRAR'S SIGNATURE
1	(11m)	herland Md	DATE	1 1 7 TOUT /	III I man II a late

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Eschydelia, Bronchiechain, willereis

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DESCRIPT SELVER LIE CON CONTRACTOR CONTRACTO

Durisl Oct. 17, 1967 Greenwint Con. Cumberland Md.

James Alia Dit Courserlend w.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL DECORDS

death filled in by the funeral papers. Pages T and haurs director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon, shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

MEDICAL

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

13185	93	CERTIFICA	TE OF DEATH			131	37
1. PLACE OF DEATH o. COUNTY ALLEGANY		MARYLAND	2. USUAL RESIDENCE ( o. STATE ALEX	Where deceosed	lived, if instituti b. COUN		
b. CITY OR TOWN (If autside carparate limit: write RURAL and give nearest tawn) CUMBERLAND		c. LENGTH OF STAY IN 16  2 DAYS	c. CITY OR TOWN (If or		imits, write RUF		01-1
d. NAME OF HOSPITAL OR INSTITUTION (IF NO SACRED HEART HOSPIT		give street oddress)	d. STREET ADDRESS P. 0	. BOX #	27		S RESIDENCE ON A FARM? NO X
3. NAME OF FI DECEASED (Type or print) LORE	TTA	Middle	Lost BURNS	4. DATE OF DEATH	Mant OC T.		Year 19 67
S. SEX 6. COLOR OR RACE FEMALE WHITE	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 03-31-96	9.	AGE (In years lost birthday) yrs.	IF UNDER 1 YEAR   IF	UNDER 24 HRS. Haurs Min.
10o. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) HOUSEWIFE		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County  ALLEGANY			12. CITIZEN OF W COUNTRY?	A.
13. FATHER'S NAME PATRICK MONAHAN			14. MOTHER'S MAIDEN  GREEN	NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dotes of	of service)		17. INFORMANT HOSP. RECORD		Addre		
1B. CAUSE OF DEATH (Enter only one coupart I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 1992 DUE	(-)	(o) (b) ond (c).) NO-CA, ABDOM	INAL, ORIGINA	L SITE	UNKNOWN	INTERV 5 ONSET	AND DEATH
Canditions, if any, which gove nise to immediate couse (a), stating the underlying cause last.	(b) TO	Trible on					
PART II. OTHER SIGNIFICANT CONDITIONS OF LAB		O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN	IN PART I(o)		AS AUTOPSY REORMED? NO
20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter noture af injury in	Port I or Port I	l of item 18.)		

Hour o.m Not While of wark factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) that (I) (we) last the deceased and that death acalfred M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. ADDRESS GREENE 22c. PHYSICIAN'S R. W. BALLIN, M. D. ST., CUMBERLAND, MD. 21502 NAME (Type)

2De. PLACE OF INJURY (Home, farm,

230. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR)

2Dd. INJURY OCCURRED

Cemetery 2So. REC'D BY Frostburg, Md.
STRAR 2Sb. REGISTRAR'S SIGNATURE

(City or town)

23d. LOCATION (City or Town) (County) (Stote)

ADDRESS LONACONING, MD. EICHORN FUNERAL HOME

(IF EITHER, NOTIFY MEDICAL EXAMINER

2Dc. TIME OF INJURY

1967

Ochember Judge

(County)

(Stote)

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X	), 30X #27	. , 9		RT HOSPITAL	SHORED HE.
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U. S. J.	CTY., 10.	1LFG 7		E	HOUSENIE
		GREEN		MAHAMO	PATRIC'S II
		HOSP. RECORD			CA
20K/S	TANORO BILS TO	IIAL, DAIÈIL	M. mcC.		
			201111	PIASETES M	
	75-61-01	31-5-0 11	73	-61-01	
10. 21502	E ST., CUMERLIO,	C2 IREE	.0 .	R. 1. BALLIB, P	
	¢			LECTOR DATE	ELCHORN FU

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Item #4 Film #G337 100 DEATH

11 24	1700	CLKIIII	CALE OF DEATH	13793
1. PLACE O o. COUNT		MARYL	O. STATE MONTE ON	osed lived, if institution: Residence before odmission) b. COUNTY Allegany
b. CITY O write	R TOWN (If outside corporote limit: RURAL ond give neorest town) Cumberland	c. LENGTH OF STAY IN 7/17/67	tb c. CITY OR TOWN (If outside corpor	rote limits, write RURAL and give neorest town)  LaVale
	OF HOSPITAL OR INSTITUTION (If no	ot in hospitol, give street oddress)	d. STREET ADDRESS	I e. IS RESIDENCE
	legany County		Rt.1,Box 61	B, LaVale, Md. YES NO D
3. NAME O DECEASE (Type or	C am l	rst Middle	Lost 4. DATE OF DEATH	Month Doy Year
S. SEX Fema	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 6/19/1881	9. AGE (In years lost birthday) Months Doys Hours Mir
10o. USUAL O during most HC	CCUPATION (Give kind of work done if working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or f	oreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'	August Ti	huss	14. MOTHER'S MAIDEN NAME Christine	Phillips
	EASED EVER IN U.S. ARMED FORCES? nknown) (If yes give wor or dotes o	of service) 16. SOCIAL SECURITY NO.	THE RESIDENCE OF THE RESIDENCE OF THE PARTY	99%Cumberland, Md. Thirmary records.
45 Condition	JSE OF DEATH (Enter only one cou RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE ns, if ony, which gove	(0) Congester	i Heart fail	INTERVAL BETWEEN ONSET AND DEATH
	mmediote couse (o), the underlying couse	TO genal	and orderen	dosi
PART II	OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELAM	ED TO THE TERMINAL DISEASE CONDITION GIV	VEN IN PART I(0)  19. WAS AUTOPSY PERFORMED? YES NO V
OR CON	IDENT WAS UNDERLYING  RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)	✓20b. DESCRIBE HOW INJURY OCC	URRED. (Enter noture of injury in Port I or Po	ort II of item IB.)
MED	AE OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While Not While at work	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(City or town) (County) (State
507	the deceased alive an	pital) attended the deceased fr 10/11/67 19, ar	nd that death accurred at P.	ta_ <b>10/11/67</b> , 19, that (I) (we) M, fram causes and an the date stated abo
	GNATURE	Syron	M.D. PHS. DIRECTOR	STAFF 22b. DATE SIGNED 10/12/1967
	HYSICIAN'S George I	M. Simons, M. I	). Memorial Hos	spital, Cumberland, Md.
330. BURIAL BREMOV	AL (Specify) 10/17	167 Hilleres	Burial Pk. (	COCATION (City or Town) (County) (Stote)
24. FUNER	us Stein	Inc. Cunterle	AMR. DATE OCT 1	trar 2sb. registrar's signature 5 1987 Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

PRINTS Mary land - Suelynak ofavel (fundament) 70/17/7 for Frederic Allegany County Infirmacy | 10.1,50x 51 H, Levels, MR. almeat TWL/61/9 F stirly plans . a . 8 . U English nord Thoma E. C. Eos. Sygundania a, ed. Allegeny Comby Indianaly reconded 10/11/67 7 77/7/57 10/11/67 TOPINATION A MILE TOPINATION OF A 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. countyMinegan y a. STATE Maryland Allegany MARYLAND lay is necessary, 13 to the funeral Page 5 may be b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hour Mesternport d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Main St. 470 Spruce NAME DF DATE Middle DECEASED David Cook Nairn DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 5. SEX 8. DATE OF BIRTH EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, hould be forwarded to the Chief Medical Examiner's Office along with form 2 with dast birthday) Months Male White May 7. 1909 WIDOWFD 3 DIVORCED ( 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rail Road 11. BIRTHPLACE (State or foreign country) Maryland pages 1 in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Wilson Arch Cook John Cook 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) Westernport. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit p PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO Coronary Sclerosis Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the . 0 underlying cause last. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION be 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PE 3 shou MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year I 20d. INJURY OCCURRED the certificate, 4 should be forw factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X. DIRECTOR: death resulted from: Natural causes X. Accident Suicide Homicide Undetermined manner please execute the director. Page 4 s retained for your f CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER or DEPUTY MEDICAL EXAMINER X FUNERAL f Heaith on Benedict Skitarelic. **EXAMINER'S** M.D. Address (Street, city, town, or county Cumberland, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF

Oct. 25, 1967

St. Peter 's

Westernport, Ma

ADDRESS

VR A15ME

10 Tof

Pal REMOVAL (Specify)

FUNERAL DIRECTOR

24.

3500 4-64

Westernport, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Minutes Judge

e. IS RESIDENCE

YES

Days

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

Year

1967

Hours I

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

NO X

(State)

PERFORMED?

and In my opinion

Sudden

YES

(County)

No 2

to request the contract of the OFFICE OF PRODUCT OF STANFOLDS STANFOLDS STANFOLDS OF THE STANFOLD OF THE STAN . T. Charles and Line . THE RESERVE OF THE PARTY OF THE

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13189	CERTIFICATE	OF DEATH		13191
1. PLACE OF DEATH			Where deceosed lived, if institution:	Residence before odmission)
o. COUNTY ALLEGANY	MARYLAND	o. STATE MARY	LAND b. COUNTY	ALLEGANY
b. CITY OR TOWN (If outside corparate limits,	c. LENGTH OF STAY IN 1b		tside corparate limits, write RURAL	ond give neorest town)
write RURAL and give nearest tawn)  CUMBERLAND. MD.	27 DAYS	CUMB	BERLAND	01-1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, gi		d. STREET ADDRESS		e. IS RÉSIDENCE ON A FARM?
SACRED HEART		726	OLDTOWN RD.	YES NO X
3. NAME OF DECEASED (Type of print) MARCARET Ellen	Middle	Lost	4. DATE Manth	Doy Year
(Type or print) MARGARET	ALESSANDRO	MM	DEATH OCTOBER	
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR   IF UNDER 24 HRS.
FEMALE WHITE WIDOWED	DIVORCED	11-20-02	64 yrs.	
	ND OF BUSINESS OR DUSTRY		& Stote, ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	wn Home		MARYLAND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN I		
RAYMOND TALLEY		BREEN	(Barbara)	
	OCIAL SECURITY NO. 17.	INFORMANT	Address	
NO (Tes, no, or unknown) (IT yes give wor or dates of service)	14-05-8847 H	OSP. RECORD		
18. CAUSE OF DEATH (Enter only one couse per line for	(o), (b), ond ((T))	3.		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Lordolie	schoo c	240	ONSET AND DEATH
201X DUE TO				7.3
Canditians, if any, which gave ) (b)	7			7
rise to immediate couse (o), Stoting the underlying couse				
lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
TELLIS	torico	in		YES NO
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  CAUSE OF DEATH OF EITHER NOTIFY MEDICAL FYAMINER	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Part II af item 18.)	
	Not While fac	CE OF INJURY (Home, forn tory, street, office bldg., etc.		(County) (Stote)
21. I certify that (I) (this haspital) attend	led the deceased fram_	10	966, to 10/28	_, 19_67, that (I) (we) las
saw the deceased alive an	1967, and tha	t death accurred at	10 A M, fram causes an	
220. SIGNATURE		ATTENDING	MED. STAFF	22b. DATE SIGNED
100 sund	) M.	D. PHYS. LY	DIRECTOR L PHYS. L	10-28-67
22c. PHYSICIAN'S	г и р	22d. ADDRESS		
NAME (Type) WAYNE C. SPIGGL	1		MALLWOOD ST, CU	
23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City ar Tawn	
MY4(P1ify) Oct.31,1967	SS. Peter &			d,Md.Allegany
24. FUNERAL DIRECTOR	ADDRESS-	25o. REC'	D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
SCARPELLI FUNERAL HOME	CUMBERLAND, MC	DATE N	ov 1 1967 🖟	liarles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages / Ond shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dedi

Page 4 may be retained by the haspital or attending physician.

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	VI 1987 8		CUNSERL DO, 1	.1 FULEKAL HONE	SCARPELL

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within 72 haurs aft

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fit director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cabon should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, with

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital or attending physician

VR A15 (4) 25M 1/67

24 haurs after death.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13130	CERTIFICATE	OF DEATH		7072%
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	g STATE	Where deceased lived, if institution: b. COUNTY YLAND	Residence befare admission)  ALLEGANY
b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) FROSTBURG	c. LENGTH OF STAY IN 16  1 DAY	FRO	tside carparate limits, write RURAL STBURG	01-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hi MINERS HOSPITAL	ospital, give street address)	d. STREET ADDRESS	WASHINGTON ST.	e. IS RESIDENCE ON A FARM? YES NO 🛣
3. NAME OF First DECEASED HUGH (Type or print)	Middle D	Last ONAHUE	4. DATE Month OF OCTOBER	Day Year 119, 19 67
	THE TEXT THE	SEPT. 19, 1	last birthday) M	anths Days Haurs Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED TAVERN KEEPER 13. FATHER'S NAME MARTIN DONAHUE	10b. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS	MARYLA  14. MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. of unknown) (If yes give war ar dates of servi	You	NFORMANT S. ANGELA W	Address EISENBORNE, FROS	STBURG, MD.
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.  (c)	Chronic	nept	Pirtis Pritis	e enser and peath 3 heartle
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO  20b. DESCRIBE HOW INJURY OCCURRED.			19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year		CE OF INJURY (Hame, farn		(Caunty) (State)
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 21. I certify that (I) (this haspital)	While at work fact	ary, street, affice bldg., etc.		9, 19_b) that (I) (we) las
saw the deceased alive an 32 22a. SIGNATURE	8. Davis M.	t deoth occurred at  D. ATTENDING D. PHYS.	MED. STAFF DIRECTOR PHYS.	d on the date stated above 22b. DATE SIGNED 165
22c. PHYSICIAN'S NAME (Type) JOHN B. DAV			WAY, FROSTBURG,	
	23c. NAME OF CEMETERY OR 1967 ST. MICHAELS	CEMETERY	23d. LOCATION (City or Town) FROSTBURG, 1	MD.
24. FUNERAL DIRECTOR  JOSEPH R. DURST, SR.	ADDRESS , FROSTBURG, MD.			TRAR'S SIGNATURE

SCHOOL CONTRACTOR SANCTOR SERVICE CONTRACTOR STATES OF THE SERVICE CONTRACTOR SERVICE S The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

		Division of STATISTICAL RESEAR	CH AND RECORDS, 301	M. LKF210N 21KFF	I, BALIIMUKE, MAKTLAN	ND 21201
TAR .		13191	CERTIFICATE			13193
funeral   ond 2 er degree		PLACE OF DEATH O. COUNTY Allegany	MARYLAND	o Marylan		legany
haurs after by the fu s. Pages I haurs after		write RURAL and give dearen town)	c. LENGTH OF STAY IN 16		side corporate limits, write RURAL CONING	01-1
124 har 24 har 2		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, given St. Marys Terrace	e street address)	d. street address St. Ma	rys Terrace	e. IS RESIDENCE ON A FARM? YES NO
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dear be retained by the haspital ar attending physician.  NIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funera e 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon-pepels. Pages I and ed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 74 haurs after dear with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event.		NAME OF First DECEASED (Type or print) Nicholson		Lost Lbeck	4. DATE Month OF DEATH 10/9/1	
e executed v and camplets remave car n any event,		ale White WIDOWED	DIVORCED	2/24/1893	last birthday) A	Months Days Hours Min.
icate be ex sician and please rem 1, and in an		ing most of working life, even if retired) INDU	O OF BUSINESS OR USTRY	Pekin		12. CITIZEN OF WHAT COUNTRYS A
equires that the death certificate be executed physician. Signed by the attending physician and camplet burial-transit permit. Then please remave cat burial, crematian, ar remaval, and in any event		Nicholson Eilbeck	CON CECUDITY NO. 17. 17	14. MOTHER'S MAIDEN NA Mary J	Perry Address	
attendin permit. ian, ar re	15. (Ye	es, na, ar unknown) (If yes give war ar dates of service)	G	ertrude Ei	lbeck Lonac	oning, Md.
that the an. by the cransit p	R	18. CAUSE OF DEATH (Enter only one couse per line for (or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	), (b), and (c).)	rang @	celusien	ONSET AND DEATH
equires that the physician. Signed by the burial-transit burial, cremat		Conditions, if any, which gave rise to immediate cause (a),	dionigal	ly		years
law re inding been is the brior to brio		stating the underlying cause   DUE I   I   I   I   I   I   I   I   I   I	DEATH BUT NOT BELATED TO	E & V LU	DITION CIVEN IN PART 1(a)	No. WAS AUTOPSY
N: The ar atte has ate has ar use cealth p	CERTIFICATION	Pulmonary Libr		physem	asthma	PERFORMED?  YES NO
ry SICIA naspital certific ched fo pt. of H	AL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		CE OF INJURY (Home, form,		(County) (State)
ING PH by the f ter this be deta tate De	MEDICAL	Haur a.m. While p.m. 19 at work	Nat While fact	ary, street, office bldg., etc.)		1, 19,67, that (1) (we) la
TOR: Af hauld by th the S		21. I certify that (I) (this haspital) attended saw the deceased alive on 322, SIGNATURE 222, SIGNATURE 224, SIGNATURE 225, SIGNATURE 226, SI	3 1967, and tha	t death occurred at	7 P M, fram causes an	ad an the dote stoted above
L OR A be ret black.  DIRECTOR A series of the control of the cont	K	22c. PHYSICIAN'S	Jun	22d. ADDRESS	MED. DIRECTOR PHYS.	10.10.63
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transpould be filed with the State Dept. of Health prior to burial, cre	230	NAME (Type) L. R. MILLES  RURIAL CREMATION 123b, DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town	(County) (Stote)
1011		Burial 10/12/1967	Laurel Hil	1 Cemetery	Moscow I	STRAR'S SIGNATURE
VR A15 (4)			Tanaganing	Md DATE	1 1 1001	mores frages

THE PROPERTY AND ASSOCIATE THE PROPERTY OF THE 1 . . . . Control Entras J THE LOCALINESS HERE THE LABORATION ALM .14. (41.4 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1.	13192	CERTIFICATE	OF DEATH	13	3194
1.	PLACE OF DEATH  a. COUNTY ALLEGANY	MARYLAND		here deceosed lived, if institution: Resid	ence before odmission)
	write RURAL and give nearest tawn)	GTH OF STAY IN 16		side corporate limits, write RURAL ond g	ive neorest town)
0	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street MEMORIAL HOSPITAL	et address)	d. STREET ADDRESS	GRAND AVENUE,	e IS RESIDENCE ON A FARM? YES NO X
	NAME OF DECEASED (Type or print)  NAME OF First FLOYD	Middle R.	ENGLE	4. DATE Month OF DEATH OCT.	Doy Year 22, 19 67
	MALE WHITE WIDOWED	DIVORCED	3_1 - 1893	74 herthday) Manths	
du	lo. USUAL OCCUPATION (Give kind of wark done uring most of working life, even if retired)  Retired Watchman Queen G	BUSINESS OR  Lass Factor	W. VIR	GINIA (	CITIZEN OF WHAT COUNTRY?
	B. FATHER'S NAME WILLIAM ENGLE		* 作用 经 计 本 作 的 多 来	AME RACHAEL FISHELI	
19	S. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, ar unknawn) (If yes give war or dates af service)  217-1		MEMORIAL I	HOSPITAL - CUMBE	RLAND, MD
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO Canditians, if any, which gave )  (b)	and (c).)	Thum	boria	INTERVAL BETWEEN ONSET AND DEATH
	stating the underlying cause last.  DUE TO  (c)	readit	to E A	emfunt.	3 84165
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH	BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		IOW INJURY OCCURRED. (	Enter noture af injury in F	Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour o.m. 29 While at wark 19 at wark 19		E OF INJURY (Home, farmary, street, office bldg., etc.)	, 20f. (City ar tawn) (i	Caunty) (State)
	21. I certify that (I) (this hospital) attended the saw the deceased alive on		deoth occurred at	M, from causes and an	
	220. SIGNATURE Clays In	west M.D	PHYS.	MED. STAFF 22b.	DATE SIGNED
		URRETT		GINIA AVE., CUI	ABERLAND, MD
	Burial 10/24/551967 Fr	name of cemetery or costburg Mem	orial Park	23d. LOCATION (City or Town)  Frostburg  A	(Caunty) (State)
	John J. Hafer Jr. 230 Balt	o Ave. Cum	2So. REC'D	By REGISTRAR 255. REGISTRAR'S T 2 4 1967 PCLia	Way Juffer.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use os the burial-transit permit. Then please remove corban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather. Page 4 moy be retained by the hospital or attending physician. VR A15 (4) 7 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the funeral PLACE OF DEATH ·Maryland b. COUNTY o. COUNTY Allegany Allegany The law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) 68vrs. Lonaconing Lonaconing e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS Charlestown. St. Charlestown, YES NO X 4 DATE 3. NAME OF Year carban DECEASED JOHN 10/20/1967 GARDNER DEATH (Type or print) AGE (In years last birthdoy) IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS 6. COLDR OR RACE NEVER MARRIED 7. MARRIED Months Days Haurs 11/8/1898 White WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR **COUNTRY?** during mast of working life, even if retired) USA Lonaconing, Md. Retired Coal Miner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, Sarah Jane Gardner William Gardner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16 SDCIAL SECURITY ND (Yes, na, grunknawn) (If yes give wor ar dates of service Margaret Gardner Lonaconing, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause the ds OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION director, page 3 should be detached far use shauld be filed with the State Dept. of Health NO 205. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury Part I of item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE DF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour o.m. O FUNERAL DIRECTOR: After 21. I certify that (1) (this hasnital) (attended the deceased fram. and that death accurred at 10 M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE \* ATTENDING PHYS. 10.21 DIRECTOR ADDRESS 22c. PHYSICIAN'S ONACONING NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 10/23/1967 Hill Cemetery Laurel Moscow. Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ochanter Judge VR A15 (4) DARCT 2 3 1967 George Eichhorn Lonaconing,

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1319	4		CERTIFICA	ATE OF	DEATH				131	196
PLACE OF DEATH     O. COUNTY	ALLEC	ANY	MARYLAN	0.	UAL RESIDENCE STATE MA	(Where deceose RYLAND	d lived, if institu b. COU		ce before	
b. CITY OR TOWN	(If outside corporate limited aive pearest town)	ts,	c. LENGTH OF STAY IN 16	c. CIT	Y OR TOWN (If o	,		RAL and give	neorest	town)
	CUMBERLANI		3 years			UMBERL	MD			O / /
d. NAME OF HOSI	PITAL OR INSTITUTION (IF IN		give street oddress)	d. ST	REET ADDRESS R	OUTE #	1			e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print)	HEN	irst XY	THOMAS	GE)	GER CER	4. DATE OF DEATH	OCTOB		Doy 8	Year 19 67
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		of BIRTH 15/83	9.	AGE (In years lost birthdoy) 84 yrs.	IF UNDER Months	Doys	Hours Min
	ON (Give kind of work done ng life, even if retired)		IND OF BUSINESS OR HOUSTRY Railroad		BIRTHPLACE (Count	y & Stote, or fore Pennsy:			TIZEN OF UNTRY?	WHAT U.S.A.
13. FATHER'S NAME	Uriah M	. Geige	r	14. /	NOTHER'S MAIDEN		Lydia Kr	nepp		3.33
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?  (If yes give wor or dotes	of service) 16.	50CIAL SECURITY NO. 712-14-162	17. INFORM			Addr		43	1
	ny, which gove ) iote couse (o), (	E TO (b) F TO (c)	gwal	الدو	avi	w	elvs			
PART II. OTHER	SIGNIFICANT CONDITIONS		TO DEATH BUT NOT RELATED	TO THE TER	MINAL DISEASE CO	NDITION GIVEN	IN PART I(o)			WAS AUTOPSY PERFORMED?
OR CONTRIBUTI	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY OCCUR	RED. (Enter r	noture of injury in	Port I or Port	II of item 1B.)			
S 20. TIME OF I		0011							unty)	(Stote)
20c. TIME OF I	NJURY Month, Doy, Yeor o.m. p.m. 19	While	Not While		NJURY (Home, for et, office bldg., et		(City or town)			
21. 1 ce	o.m. p.m. 19	While of war	Not While at work at work ded the deceased fra	foctory, stre	eet, office bldg., etc	19 <u>67</u> , to	Oct.	8 , 19 (	67, th	
21. I ce saw the 220. SIGNATU	o.m. 19  rtify that (I) (this had deceased alive an_	While of war	Not While at work at work ded the deceased fra	foctory, street	cil 15, th accurred a TENDING	19.67. to t 11 P.M	Oct.	8 , 19 (	 67, th	e stated aba
21. I ce saw the 220. SIGNATU	o.m. p.m.  19  rtify that (I) (this had deceased alive an  RE	while of war spital) aften Oct	Not While at work at work ded the deceased fra	foctory, street	ret, office bldg., etc.  ril 15 ,  th accurred a  TENDING  HYS.	19.67, to 11.12 M  MED. DIRECTOR	Oct.	8 , 19 (and an the second	67, th he date ATE SIGN	e stated aba ED
21. I ce saw the 220. SIGNATU 22c. PHYSICIA	o.m.  p.m.  19  rtify that (I) (this had deceased alive an  RE  N'S  George  TION,  23b. DATE To	white of war spital) attended to the war spital) attended to the war spital) attended to the war spital spi	ok Not While of the deceased fra 8 19 67, and	mApp that deat M.D. Ph	ril 15 , h accurred a TENDING HYS. 12d. ADDRESS Memoris	MED. DIRECTOR	Oct., fram causes	8 , 19 u and an t	67, th he date ATE SIGN	e stated aba

1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death to FuneRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and Strough be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death Page 4 may be retained by the hospital ar attending physician.

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Harvey H. Zeigler, Hyndman,

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CERTIFICATE OF DEATH

20201		0. 01/11/1		
1. PLACE OF DEATH  a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE MARYL	ere deceased lived, if institution  AND b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give perfect town)	LENGTH OF STAY IN 16 5 DAYS		de corporote limits, write RURAL	L and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (II not in hospitol, give Memorial Hosp.	street address)	d. STREET ADDRESS CUMBERL	AND, MD.	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF First CHARLES (Type or print)	Middle Frederick G	INNIMAN	4. DATE Month OF DEATH	Doy Year 67
S. SEX  MALE  6. COLOR OR RACE  7. MARRIED  WIDOWED	NEVER MARRIED E	11-14-98		FUNDER 1 YEAR   IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind al wark dane during mast of working life, even if retired)  B. INDUS	OF BUSINESS OR RWY.	11. BIRTHPLACE (County & CUMB, MC		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME HENRY GINNIMAN		14. MOTHER'S MAIDEN NA	Brothern	
(Yes, no, ar unknawn) (If yes give war or dates of service)	IAL SECURITY NO. 17. II	MEMORIAL H	OSPITAL CU	MBERLAND, MD.
1B. CAUSE OF DEATH (Enter only one cause per line far (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(b), and (c).)	ar arrie		INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.  DUE TO  DUE TO  (b)  DUE TO  (c)	lenonle	vin -gen	anolized	
OR CONTRIBUTING CAUSE OF DEATH	2 20 2	ver ley-c	empulated Ju	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 at work L		E OF INJURY (Hame, larm, ary, street, aflice bldg., etc.)	20f. (City ar tawn)	(County) (State)
21. I certify that (I) (this hospital) attended saw the deceased alive an 14/9		death accurred at	40PM, fram causes ar	, 19 <b>6</b> 7, that (I) (we) las
220. SIGNATURE Lawrence F. See	M.D	. PHYS. D	ED. STAFF PHYS.	22b. DATE SIGNED 10/11/67
NAME (Type) DR. TIMOTHY LE	WIS	COMBE	RLAND, MD.	
REMOVAL(Specify) 10/12/67	23c. NAME OF CEMETERY OR C St. Mary's Bu	rial Park	23d. LOCATION (City or Town Cumberland,	Allegany Md.
24. FUNERAL DIRECTOR  H. Wayne George Cumberlai	ADDRESS  nd, Md.	DATE CT	16 1967 25b. REGI	STRAR'S SIGNATURE

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon, papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 12 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13196

### CERTIFICATE OF DEATH

13198

			CERTIFICA	TE OF DEATH		1979	0
1. PLACE OF DE	ATH				Where deceased lived, if institut		re admissian)
a. COUNTY	ALLE	CONV	MARYLAND	a. STATE	b. COUI		
h CITY OR TO	OWN (If autside carparate limi	GAN Y	c. LENGTH OF STAY IN 16	TION.	YLAND utside carparate limits, write RUI	ALLEGAT	
write RUR	AL and give nearest town)	,				the one give neares	0 1 1
	BERLAND	41 1 3 5 1	9 DAYS		BERLAND		e. 15 RESIDENCE
d. NAME OF F	HOSPITAL OR INSTITUTION (If r	nat in haspital, g	ive street address)	d. STREET ADDRESS		1000	ON A FARM?
SAC	RED HEART HO	SPITAL		20	2 AVE. M.		YES NO X
NAME OF	Figure 1	First	Middle	Last	4. DATE Mant	h Day	Year
(Type or print	GEOR(	GF	R	GROVE	OF DEATH 10	02	19 67
SEX	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
MALE	MULTE	WtDOWED	DIVORCED	10-10-96	last birthday)	Manths Days	Haurs Min.
MALE	PATION (Give kind af wark dans		ND OF BUSINESS OR	10-10-86	80 yrs.	12. CITIZEN OI	F WHAT
ing mast af we	arking life, even if retired)	INC	DUSTRY		& State, at lateign cooling)	COUNTRY?	?
JANITO			TEXTILE FACT		COUNTY, MD.	17.7	USA
FATHER'S NA	iMt			14. MOTHER'S MAIDEN	NAME		
NORMA	IN	Contract Contract		SARAH U	PHOLE		
WAS DECEAS	ED EVER IN U.S. ARMED FORCES	? 16. S	OCIAL SECURITY NO.	17. INFORMANT	Addre	ess	
es, na, ar unkn	awn) (If yes give war ar dates		19-14-7070	HOSPITAL RE	CORD. 200 SETO	N DR CH	MR MD
	OF DEATH (Enter anly one co			11651 11 17 17	OUND ZOO SETO		TERVAL BETWEEN
PART	1. DEATH WAS CAUSED BY:			1 Infaction			ISET AND DEATH
420	IMMEDIATE CAUSI	, ,	rajo Carana	1 organico	,	-	
Canditians	if any, which gave	E TO	0.00	-0.0			
rise ta im m	edinte couse (n)	(b)	Ceregio-	Cerous			
stating the	underlying cause DU	E TO					
last.		(c)					
PART II. OTI			1 1	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19.	WAS AUTOPSY PERFORMED?
	Congestive	e bea	it perleve			Y	ES NO
	NT WAS UNDERLYING	20b. DES	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part 1 ar Part II of item 1B.)		
OR CONTRIB	UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)						
	OF INJURY Manth, Day, Year	20d IN	JURY OCCURRED 20e.	PLACE OF INJURY (Hame, fari	m. 20f. (City or town)	(Caunty)	(State)
Ho	ur a.m.	While	Nat While	factory, street, affice bldg., etc		(/)	(0.0.0)
	p.m. 19	ul walk			10	10 11	
	<b>certify</b> that (I) (this ha	,			19, to		hot (I) (we) los
	he deceased alive on_	1	19, ond	that deoth occurred of	M, fram couses		
22a. SIGNA	Clarence ~	T Which	-	ATTENDING 5	MED. STAFF	22b. DATE SIGN	
	Ceaunce 2	· out	us	M.D. PHYS.	DIRECTOR L PHYS. L	10/3/6	7
22c. PHYSI	/T \			22d. ADDRESS			200
NAME	(Type) CLARENCE	J. VIN	CENT, M. D.	126 N. SM	IALLWOOD ST., C	UMBERLAN	D, MD.
a. BURIAL, CRI	EMATION, 23b. DATE TO	HEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or To	wn) (Caunty	(State)
BURTAL	OCT . 4	167	MT. ZION C	EMETERY			
24 FIINERAL D	RECTOR		ADDRESS	250. REC	D_BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATU	RE
DURST	FUNERAL HOME	, FROST	BURG, MD.	DATE	16 1967 4	Charles	Judaz
				DAIL		-0/	7 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cample tely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remaye carbon payers. Pages Land should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after each Poge 4 may be retained by the hospital or attending physician.

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			1.00				

### CERTIFICATE OF DEATH

13199

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYAAND b. COUNTY ALLEGANY ALLEGANY MARYLAND by the f Pages b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and giving Estimano 26 DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL 209 POTOMAC STREET rely filled NO 7 3. NAME OF First Middle 4. DATE Manth Last Day Year DECEASED HAWSE CURTIS 12 67 A. 10 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED tost birthday) Haurs MALE WHITE any WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or fareign ountry) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT WEST VIRGINIA Oak during the country live on kineticed) INDREATEROAD COUNTRYA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MOLLY HOKE XXXXX ENOS HAWSE (Mary) 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes appor unknown) (If yes give war or dates af service) 200 SETON DRIVE, CUMB. 50 HOSPITAL RECORD crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burial-transit p burial, crematic PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o' DUF TO Canditions, if any, which gave rise ta immediate couse (a). DUE TO stating the underlying cause as the has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Caunty) (State) of work Nat While Haur a.m. factory, street, affice bldg., etc.) After 21. I certify that (1) (this hospital) attended the deceased fram. 196 / ta should vith the 1967, and that death accurred at 50 M. fram causes and an the date stated above. DIRECTOR: saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED directar, page 3 M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S TO FUNERAL NAME (Type) J.A. PAGAN. 5 POTOMAC ST. RIDGELEY. 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 10-15-1967 Hillcrest Burial Park Cumberland, Md. Allegany **ADDRESS** Scarpelli, Cumberland, Md. DATE

within 24 hours after death executed requires that the death certificate be OR ATTENDING PHYSICIAN: TO HOSPITAL

VR A15 (4) 25M 1/67

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		47.4	Z	X	VHITE	MALE	
	AZU	WEST VIRGILIA		RVILROAD	) MORKER		
		(	HOLLY HO			ELSS	
. 810.	H CRIPE, CU	1200 SET)	HOSPITAL RECO			CH	

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S POTOMAC ST., RIDGELEY, W. J.

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10	1	TRITA			CER	HEICAIL	OF DEATH							
1		PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceosed			nce befor	e odmissi	on)	
		O. COUNTY ALLEG	ANY		- 20	MARYLAND	o. STATE MAR	YLAND	b. COUI	A YTM	LLE	GANY	,	
		b. CITY OR TOWN (I	f outside corporate limit give nearest tawn)	s,	c. LENGTH OF S	TAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		CUMBE	RLAND			AYS		BERLAN	ID, MD				1-1	
		d. NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospitol, g	ive street oddress	)	d. STREET ADDRESS					e. IS RESI ON A F		
			IAL HOSP	ITAL			228 BON	228 BOND ST.						
		NAME OF DECEASED		rst	Middle		Lost	4. DATE OF	Mont		Doy		or	
	_	(Type or print)		RVEY	С		ENDRICKSON	DEATH	00		1	- 17	67	
	S. S		6. COLOR OR RACE	7. MARRIED			8. DATE OF BIRTH		GE (In years ost birthdoy)	IF UNDER Months	Doys	Hours	R 24 HRS. Min.	
		IALE	WHITE	WIDOWED		DRCED	11-27-06		60 yrs.	10.6	TIZEN OF	I MANUA T		
		ing most of working l	(Give kind of work done ife, even if retired)		ND OF BUSINESS (	JK	11. BIRTHPLACE (County	& Stote, or foreign	n country)		ITIZEN OF OUNTRY?			
	12	FATHER'S NAME	er		lire		PA.  14. MOTHER'S MAIDEN N	LAME				U.S.	Α.	
	13.		HENDRICE	KSON			HATTIE							
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. S	SOCIAL SECURITY N	17.	/ INFORMANT Address							
	(10	710	(ii Yes give wor or doles	2/	14-05-51	51 MI	EMORIAL HO	SPITAL	. CUM	BERLAND, MD.				
			ATH (Enter only one cou	use per line for	(o), (b), ond (c).)							ERVAL BET		
		PART I. DEAT	IMMEDIATE CAUSE		AL FAIL	URE					OIN	SET AND	in	
		Conditions if any	DUE		con a ti	ENA CA	un armu	C=10 1			1	1 200		
		Conditions, if ony, which gove rise to immediate cause (a),  (b) INFERIOR VENA CAUA OBSTRUCTION  DUE TO										770	- NOS	
ĺ		stoting the underlying couse (c) MASSIVE RETROPERITONEAL SARCOMA 5 mm											nths	
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS PERFE											OPSY IED2	
)	ATIC	1.7.5	META.	STATIC	SARC	SOMA					Y	ES 🔲	NO	
	L CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	20b. DES	SCRIBE HOW INJUI	RY OCCURRED.	(Enter noture of injury in I	Port I or Port II	of item 18.)					
	MEDICAL	20c. TIME OF INJU Hour o.m p.m	RY Month, Doy, Year 1.	20d. IN While of work	Not While of work		CE OF INJURY (Home, form tory, street, office bldg., etc.)		ity or town)	(Co	υπτγ)		(Stote)	
		21. I certif	y that (I) (this has	pital) attend	led the decea	sed fram	9-18-67		10-1	0 , 199	6/, th	at (I) (	we) last	
			ceased alive an		19	_, and tha	t death accurred at	: 35 AM, fi	ram causes				abave	
		220. SIGNATURE	hard E.	Sch	indle	M.I	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGN	ED		
		22c. PHYSICIAN'S NAME (Type)	DD DICH	ADD CC	LINDIE	n	22d. ADDRESS	LAND	MD					
			DR. RICH		HINDLE		CUMBER							
		BURIAL, CREMATIO  BEMOVAL (Specify)			23c. NAME OF		Cemetery		ION (City or To	1	(County)	0.	itote)	
	L	EUNERAL DIRECTOR	10-1.	2-61	ADDRESS		D-	BY REGISTRAR	berland	GISTRAR'SO	GARY KIGNATUR	me	4,	
	(	Robert	Kel Butto	h. 19	its mille	, m	DATE O	CT 17	1967	Melie		-	Ler	
		,	11		7		DATE		1001	12-	-	1 6	1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 stool by the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after deoth IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed Poge 4 moy be retained by the hospital or attending physicion.

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TO DEPUTY N AL EXAMINER: This certificate shauld be executed within 24 haurs after death. It way delay is	necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Givig-Rages 1, 2, and 3 to	the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Page		TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Stare Department of	Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death
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VR A15ME (5)

	13199	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	13201
ī	PLACE OF DEATH			d, if institution: Residence before admission)
Н	o. COUNTY Allegany	MARYLAND	o. STATE Maryland	Allegany
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limit	
	write RURAL and give nearest town)	D.O.A.	Cumberland	s, who knows and give houses form,
1	Cumberland		d. STREET ADDRESS	e. IS RESIDENCE
9	d. NAME OF HOSPITAL OR INSTITUTION (If not i		1	ON A FARM?
1	Memorial Hospit			dance St. YES NO
3	3. NAME OF First	Middle	Last 4. DATE OF	Manth Day Year
	(Type or print) Harold	Franklin Hersh	berger DEATH	October 31 19 67
5		7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (	In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months Days Haurs Min.
	Male White	WIDOWED DIVORCED	3-30-21 46	birthday) Months Days Haurs Min.
	IOo. USUAL OCCUPATION (Give kind of wark dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State ar foreign country)	12 CITIZEN OF WHAT
d	during most af warking life, even if retired)  Fireman	City Fire Dept.	Holsopple, Penna.	COUNTRY?
1	13. FATHER'S NAME	ΨΕΟΥ TETE DEPOS	14. MOTHER'S MAIDEN NAME	0.0.
	Albert Herselshermer		O	
-	Albert Hershberger  15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	Carrie Helsel	MARGET 1
	(Yes, na, ar unknown) (If yes give war or dates af s	ervice)		451es Independence St.
	Yes   WWII		s. Helen Hershberger	
	<ol> <li>CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:</li> </ol>			INTERVAL BETWEEN
1	IMMEDIATE CALISE (a)	Coronary	Occlusion, Left	Sudden Sudden
	4201 DUE TO		F3.	
	Canditians, if any, which gave (b), (b)	Coronary	Thrombosis, Lef	t
	stating the underlying cause DUE TO			
	lost. (c)	Coronar	y Sclerosis, gen	eralized
12	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
OEF.				AEZ K NO
CEDTIEICATION	20g. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II of i	
1020	PRIMARY 🗆 or CONTRIBUTING 🗆			
3	20c. TIME OF INJURY Manth, Doy, Year	20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, farm, 20f. (City	ar tawn) (County) (State)
1034	Haur a.m.	While Not While foot	tary, street, affice bldg., etc.)	(20011)
	p.m. 17	ot wark U at work U	11 120	
Н		of the remains described above, he		
	death resulted from: Notural	causes 🔀 , Accident 🔲 , Suic		mined manner
1	ACTUAL 5	80'+	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
1	SIGNATURE LENEOUS	Vtkelorelia!	M.D. ASSISTANT MEDICAL EXAMINER	
2	EXAMINER'S BENEDICT S	SKITARELIC, M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or cour	October 31, 1967 Cumberland, Md.
2	23a. BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION	(City or Town) (County) (State)
	Burial (Specify) 11-3-67	Sunset Memor	ial Park Cumberl	and Allegany Md.
	24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
	H. Lee Silcox 404	Decatur St, Cumb.	Md. DATE NOV 3 196	7 Scharles Judge

TOTAL WILL SECRETARY OF THE PROPERTY OF THE PR

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in pencil in Item 18. Give Pages

This certificate shauld be executed within 24 haurs after death.

the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's Office along

necessary, please execute the certificate, writing the ward "pending"

CAL EXAMINER:

TO DEPUTY ME

delay is PM3. Page 2, and 3 ta

State Department of in any event within 72 haurs after death. 5 may be retained for yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Health or its designated agent, prior to burial, crematian, ar remayal, and

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RAITIMORE MARYLAND 21201

1320	10	MEDI	ICAL EXAMINI	ER'S	CERTIFICATE O	F DEATH		132	202	
PLACE OF DEATH     O. COUNTY					2. USUAL RESIDENCE (V		lived, if institut	JTV		
	ALLEGANY		MARYL		MAR	YLAND		1		GANY
write RURAL ar	(If autside carparate limits, ad give nearest tawn)		c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If au		limits, write RUF	RAL and give ne	arest tov	wn)
	OSTBURG TAL OR INSTITUTION (If not in	hornital a	LIFE		d. STREET ADDRESS	STBURG			7 0 15	RESIDENCE
	McCULLOH STRE		ive street address)			McCIII.LC	H STREE	Sub		A FARM?
B. NAME OF	First		Middle		Last	4. DATE	Mant		Dov	Year
(Type or print)	MABEL		E.	HUS	SELBAUGH	OF DEATH	OCTOBE			19 67
SEX FEMALE		MARRIED -	NEVER MARRIED DIVORCED		MAY 10, 192		AGE (In years last birthday)	Manths Da	-	JNDER 24 HR
Oa. USUAL OCCUPATIO	N (Give kind af wark dane		ND OF BUSINESS OR		11. BIRTHPLACE (State			12. CITIZEI		AT
uring most of working SALES C	LERK	DEP	OUSTRY ARTMENT STO	ORE	MARYLA	VID		U.S.		
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
DENZEL						A EISLE				
	ER IN U.S. ARMED FORCES? (If yes give war ar dates af sen	vice)	OCIAL SECURITY NO.		NFORMANT		Addre			
			5-20-5062	FR	ED HUSSELBA	UGH, FF	OSTBURG	, MD.		
	DEATH (Enter only ane cause po ATH WAS CAUSED BY:	er line for			ulsions				ONSET A	L BETWEEN
937X	IMMEDIATE CAUSE (a) _ DUE TO			nv	ue sions				min	ules!
Conditions, if any			Ce	rel	rol Pr	01.4.1		2	Moni	tha)
rise to immedia	te cause (a), (				_					
last.	(c)_		23)	rai	n clum	w, p	robabl	Le .	?	
PART II. OTHER S	IGNIFICANT CONDITIONS CONTR	BUTING TO	D DEATH BUT NOT RELAT	TED TO T	HE TERMINAL DISEASE CON	DITION GIVEN	N PART 1(a)			FORMED?
20a. EXTERNAL C. PRIMARY   ar CC CAUSE OF DEATH.		20b. DES	CRIBE HOW INJURY OCC	URRED. (	Enter nature af injury in l	ort I or Part II	af item 18.)			
Haur a.	IURY Manth, Day, Year .m. 19	20d. IN While at wark	Nat While		E OF INJURY (Home, farm ary, street, affice bldg., etc.)		City ar tawn)	(Caunty	)	(State)
21. I certi	fy that I toak charge of	the rem	ains described obo	ve, he	d an Autopsy 🔲,	Inspection	N, Inqu	iry 🔀 ,	and in	my opinio
death resul	Ited fram: Natural ca	iuses 🔀	, Accident,	Suici	de 🔲, Hamicide	, Und	etermined m	onner 🗌		
ACTUAL SIGNATURE	Benedict x	Ski	tarelie	/	CHIEF MEDICAL M.D. ASSISTANT MEDI	CAL EXAMINER	_ / 7 _ /	T . 14	22. 1	DATE SIGNED
EXAMINER'S NAME (Type)	BENERIA	_ (	LARE	110	DEPUTY MEDICA Address (Street,			ner 17	7/17	NIL
3a. BURIAL, (REMATI	ON, 23b. DATE THEREOF		23c. NAME OF CEMETI				TION (City or Tox	vn) (con	inty)	(State)
BURTAL (Specif			FBG. MEMO				TBURG,	, , , , , , , , , , , , , , , , , , , ,	,,	(31010)
24. FUNERAL DIRECTO			ADDRESS			BY REGISTRAR		GISTRAR'S SIGNA	TURE	

21532

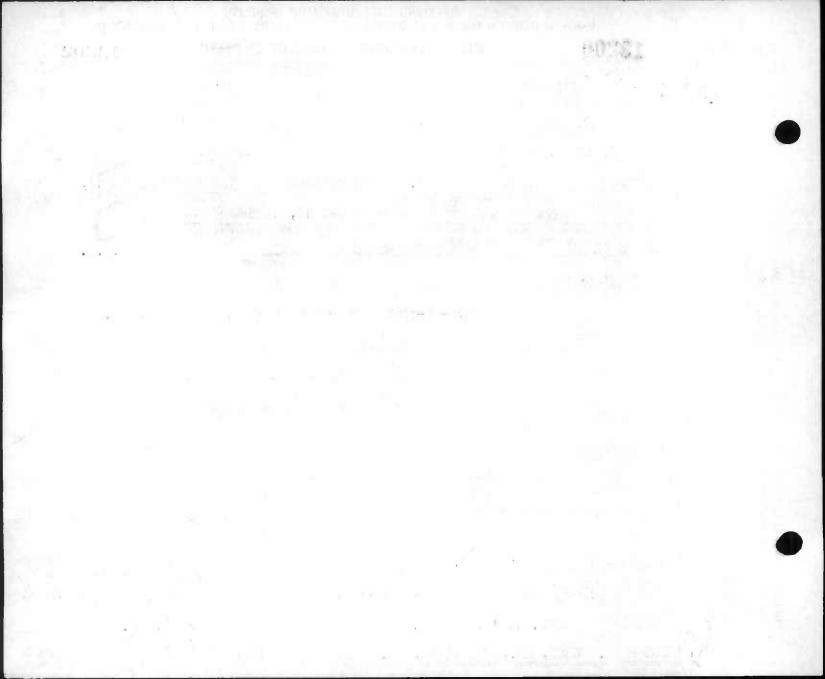
**OCT 17** 

1967

DURST, SR., FROSTBURG, MD.

VR A15ME 6M 1/66

JOSEPH R.



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	13203			CERTIF	CATE	OF DEATH					
	PLACE OF DEATH D. COUNTY	LLEGANY		MAR	YLAND	2. USUAL RESIDENCE (NO. STATE MARY	Where deceosed I	ived, if instituti b. COUN	TV	LEG	
	b. CITY OR TOWN ( write RURAL and	If outside corporate limit d give nearest (awn) UMBERLANC	s, )	6 DAYS	17HR	c. CITY OR TOWN (IF OU S CUMB	ERLAND		RAL and give	e neorest	town)
(		ALOR INSTITUTION (IF n				d. STREET ADDRESS	ALTAMO	NT TER	RRACE		IS RESIDENCE ON A FARM? Y ES NO C
1	NAME OF DECEASED (Type or print)	ARCH	rst	Middle	J	Lost	4. DATE OF DEATH	OCTOBE	ER	25°	Year 67
S. :	MALE	6. COLDR DR RACE WHITE	7. MARRIED 2 WIDOWED	NEVER MARRIE DIVORCE		8. DATE OF BIRTH 6-2-1899		GE (In years st birthdoy) Yrs.	Months	Doys	Hours Min.
duri	ng most of working Retired	l (Give kind of work done life, even if retired) Bartender	IND	ND DF BUSINESS OR DUSTRY Inswick Ba	r	11. BIRTHPLACE (County LONACON I	NG, MD		12. CI	TIZEN OF V	SA
13.	FATHER'S NAME	DANIEL JO	HNSON			14. MOTHER'S MAIDEN	NAWE COLDARD	į Jani	ET CL	ARK	30
		R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	3-03-8606		NFORMANT MORIAL HOS	PITAL,	CUMB!		ND,	MD.
	PART I. DEAT	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE	//	(a), (b), ond (c).)		Luna					RVAL BETWEEN ET AND DEATH
Ì	Conditions, if ony		TO (b)	V		1				0	1
	stoting the unde		TO (c)								51
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS (	ONTRIBUTING TO	O DEATH BUT NOT RE	LATED TD 1	THE TERMINAL DISEASE CDI	NDITION GIVEN IN	PART 1(o)		19. W P YES	WAS AUTOPSY PERFORMED? NO
MEDICAL CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Part I or Port II	of item 18.)			
MEDICA	20c. TIME OF INJU Hour 'o.r p.r	10	20d. IN While of work	JURY DCCURRED Not While at work		CE OF INJURY (Home, farm ory, street, office bldg., etc.)		ity or town)	(Co	unty)	(Stote)
	saw the de	fy that (1) (this has eceased alive on	pital) attend	led the deceased	from and the	death securred at	5:05MA	om causes		he date	
	22o. SIGNATURE	mble	md	en '	М.С	***************************************	MED. DIRECTOR	STAFF PHYS.	1/6	ATE SIGNED	57/-
	22c. PHYSICIAN'S NAME (Type)			NDLER			WE ST.,				MD. /
	REMOVAL (Specify	10/27		Greenmon			Cumber		Al	(County)	(Stote) Md.

Balto Ave., Cumberland McCC

1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour Poge 4 moy be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fulled in by the fundal director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in ony event, within 72 hours after death. VR A15 (4) 25M 1/67

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13204

		TOWN	1		CEKTIFIC	LAIL	OF DEATH					
	1. F	LACE OF DEATH	EGANY		MARYLA	AND	2. USUAL RESIDENCE o. STATE MA	(Where deceos	L COL	MINN	before adm	
	b	. CITY OR TOWN (	lf outside corporote limi	ts,	52 DAYS	1b	c. CITY OR TOWN (If a	ERLAN	D, MD.	JRAL and give I	nearest tawn	) / - /
0	(		ORIAL HOS		give street address)	i ii	d. STREET ADDRESS 23 OF	FUTT	ST.,		e. IS R ON . YES	A FARM?
		NAME OF DECEASED Type or print)		irst BERT	Middle Louis		KEMP	4. DATE OF DEATH	O C		Poy 9	Year 19 67
	S. S	IALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		7 - 16-19-1	5	lostroizhday) yrs.	Months 1	YEAR IF UN Days Hou	DER 24 HE ors Mir
	10a. duri	usual occupation mast of warking None	(Give kind of work dan life, even if retired)		ND OF BUSINESS OR DUSTRY NONE		11. BIRTHPLACE (County & State, or foreign country)  Cumberland, Maryland  12. CITIZEN OF WHAT COUNTRY? U.S.A					S.A.
	13.	ROBER	T KEMP				14. MOTHER'S MAIDEN NAME BLANCHE BRIDGE &7					
			R IN U.S. ARMED FORCES (If yes give war ar dates		SOCIAL SECURITY NO.	17. 1	NFORMANT MEMORIAL	HOSPI	TAL CL	JMBE RL	AND,	MD.
		18 CAUSE OF D	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUS	use per line far	(a), (b), and (s).)	nal	Hemor	hage			INTERVAL ONSET AN	
	Conditions, if ony, which gave nise to immediate cause (a), stoting the underlying couse DUE TO						r				Im	outh
2	ATION		GNIFICANT CONDITIONS Arterio	CONTRIBUTING T	o DEATH BUT NOT RELAT	ED, TO, 1		1,	EN IN PARTALO)	Lung	19. WAS A PERFO	AUTOPSY DRMED?
	L CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY			SCRIBE HOW INJURY OCC			Port I or Por	rt II af item 18.)			
X.	MEDICAL	20c. TIME OF INJ Haur a. p.	10	20d. II While at war	- Nat While -		E OF INJURY (Hame, fail ory, street, affice bldg., et		(City or town)	(Caun	.ty)	(State)
		saw the d	<b>fy</b> that (I) (this ha eceased alive an_	spital) atten	ded the deceased fr	am id that	death accurred 3	19 5 P N	A, fram causes	and an the		) (we) l ted aba
		220. SIGNATURE	//10	202	7	М.С		MED. DIRECTOR	STAFF PHYS.	22b. DAT	2/67	
1		22c. PHYSICIAN'S NAME (Type		DROSS				UMBER	LAND,	MD.		
)		BURIAL, CREMATI REMOVAL (Specify DUTCOL)	1 10/13		23c. NAME OF CEMETE St. Mary		vrial Park	Cur	ocation (City or To oberland,	Alleg		(State) Md.
1	24.	FUNERAL DIRECTOR	ne George	Cumber	land, Md.		DATE O	CT 16	1967 2Sb. 8	EGISTRAR'S SU	NATURE	ye.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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	tion of the relate	14'	
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, A. a. U	American Jacobs (17)		
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		.W ,unive	orner treet conto

13203		CERTIFICATE	OF DEATH	*	13205				
1. PLACE OF DEATH  o. COUNTY ALLEGA	NY	MARYLAND		Where deceosed lived, if institution: YLAND b. COUNTY	Residence before odmission) ALLEGANY				
b. CITY OR TOWN (If outside of write RURA) and give near CUMBER	corporote limits,	c. LENGTH OF STAY IN 16  1 DAY	c. CITY OR TOWN (If ou	01-1					
	ITUTION (If not in hospital, gi		d. STREET ADDRESS	GRANT STREET	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	First MARGARET	Middle	Lost KRAUSE	4. DATE Month OF DEATH OCTOB					
	OR RACE 7. MARRIED WIDOWED	NEVER MARRIED   8	12-2-1883		UNDER 1 YEAR   IF UNDER 24 HRS. on this Doys Hours Min.				
IDo. USUAL OCCUPATION (Give kind during most of working life, even if		D OF BUSINESS OR JUSTRY		& Stote, or foreign country) RE, PENNA.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME  RICHAE	RD HARRIS		14. MOTHER'S MAIDEN	NAME ZABETH RICHAR	DS				
1S. WAS DECEASED EVER IN U.S. AI (Yes, no, or unknown) (If yes give	RMED FORCES? 16. S e wor or dotes of service)		NFORMANT EMORIAL H	SPITAL, CUMB	ERLAND, MD.				
PART I. DEATH WAS CA	18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove )  (b)  Level perfective								
rise to immediate couse ( stating the underlying cou last.	stoting the underlying couse (c) Paritonites & G. V. infection								
PART II. OTHER SIGNIFICANT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED? YES \( \sum \) NO \( \mathcal{D} \)								
200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2Dc. TIME OF INJURY Month, Day, Yeor Hour o.m.  2Dd. INJURY OCCURRED While Not While factory, street, office bldg., etc.)  (Co								
2Dc. TIME OF INJURY Month Hour o.m. p.m.	n, Day, Yeor 2Dd. IN While 19 at work	Not While facto	TE OF INJURY (Home, form ory, street, office bldg., etc.		(County) (State)				
21. I certify that saw the deceased	(I) (this haspital) attend alive an <u>/a</u> えん	ed the deceased fram		9:371P Mam causes and					
220. SIGNATURE Walte	In Hem	ules M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED / 10/24/67.				
22c. PHYSICIAN'S NAME (Type)			CUMBER	LAND, MD.					
230. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE THEREOF 10-24-67	FB G. MEMORI	AL PARK		(County) (Stote)  ALLEGANY, MD.  FRAR'S SIGNATURE				
JOSEPH R. I	OURST, SR.,	FROSTBURG, MD			Cortes Judge				

ges I and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. after death the funeral **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pepers, Pashauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

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MEMORIAL HOSPITAL LATERSET

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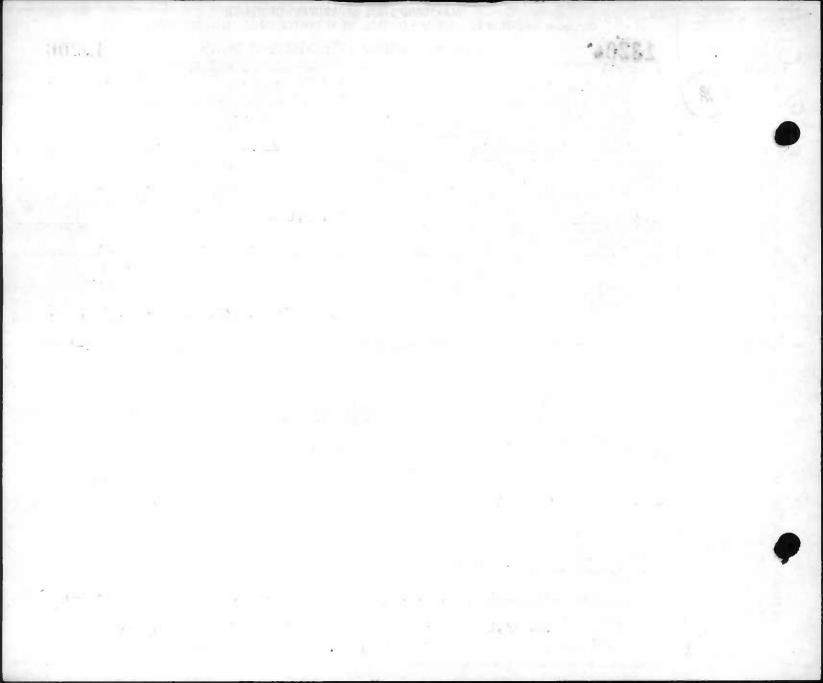
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ADDRESS CUMBERLAND, MD. 2Sq. REC'D BY REGISTRAR

1967

2Sb. REGISTRAR'S SIGNATURE

VR A15ME 6M 1/66 24. FUNERAL DIRECTOR



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TOROR			CERTIFIC	AIL U	DEATH		TOWN	7 4
1. PLACE OF DEATH			-			Where deceased lived, if institut		Imission)
a. COUNTY	LEGANY		MARYLAN		. STATE MARY	LAND b. coul	ALLEGA	NY
b. CITY OR TOWN (If	outside corporate limits,		c. LENGTH OF STAY IN 11	b c. C	ITY OR TOWN (If ou	itside corporate limits, write RU	RAL and give nearest to	wn)
write RURAL ond CLI	MBERLAND		34 DAYS		CUMBI	ERLAND	0	21-1
	OR INSTITUTION (If nat	in haspital,		d. 9	TREET ADDRESS			RESIDENCE
	CRED HEART				428 1	FAYETTE STREET		N A FARM?
3. NAME OF DECEASED	Firs ROY	t	Middle C .	1.0	Last	4. DATE Mani	th Day	Year 19 67
(Type or print) S. SEX	6. COLOR OR RACE	7. MARRIED			TE OF BIRTH	9. AGE (In years		UNDER 24 HRS.
MALE	WHITE	WIDOWED		_	-16-03	last birthday) 63 yrs.		laurs Min.
10o. USUAL OCCUPATION (		10b. I	KIND OF BUSINESS OR INDUSTRY	11.		& State, or fareign country)	12. CITIZEN OF WE COUNTRY?	HAT
MANAGER			COCA-COLA			AND, MARYLAND	USA	
13. FATHER'S NAME		0	4.	14.	MOTHER'S MAIDEN			
HE	NRY W.	fal	lig			VILLIAMS)		
15. WAS DECEASED EVER	IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. INFOR	MANT	Addr	ess	
(Yes, no, or unknown) (I	ir yes give wor or dates of	service) 2	214-05-5238	HO	SPITAL BI	ECORD - 200 SE	TON DRIVE,	CUMB.
	cause (a), DUE 1	o) 7 ro 10	whote ?	nel	et Gr liter	m niffer		AL BETWEEN AND DEATH
PART II. OTHER SIGN	NIFICANT CONDITIONS CO	NTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE TE	rminal disease coi	NDITION GIVEN IN PART 1(0)	99. WA PER YES [	AS AUTOPSY REFORMED?
20a. ACCIDENT WAS U OR CONTRIBUTING C (IF EITHER, NOTIFY M	CAUSE OF DEATH	20Ь. С	DESCRIBE HOW INJURY OCCU	RRED. (Enter	nature of injury in	Part I or Part II of item 18.)		
20c. TIME OF INJUR Haur a.m. p.m.	Y Manth, Day, Year 19	20d. While at wa	le Not While		INJURY (Hame, farn reet, affice bldg., etc.		(County)	(State)
21. I certify	that (I) (this hasp	ital) gtter	nded the deceased fro	my	x/1,1	8 / to /74 /	U, 196 , That	(I) (we) las
saw the dec	eased alive an	un	194	d that dec	th accurred at	M, fram causes	and an the date s	tated abave
220. SIGNATURE	m	hi	dle		TTENDING HYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type)	BLAINE SCI	HINDLE	ER, M.D.		22d. ADDRESS	GREENE ST.,	CUMB., MD.	21502
23a. BURIAL, CREMATION REMOVAL (Specify)	1, 23b. DATE THE	REOF 167	23c. NAME OF CEMETER	Bu	wief Ph.	23d. LOCATION (City or To	and ms	2 (State)
24. FUNERAL DIRECTOR	110	0	ADDRESS	0	ZSo. REC'I	D BY REGISTRAR 2Sb. RI	EGISTRAR'S SIGNATURE	der.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within, 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon bapers. Pages Landshould be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours offerdeen Page 4 moy be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67

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**ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death

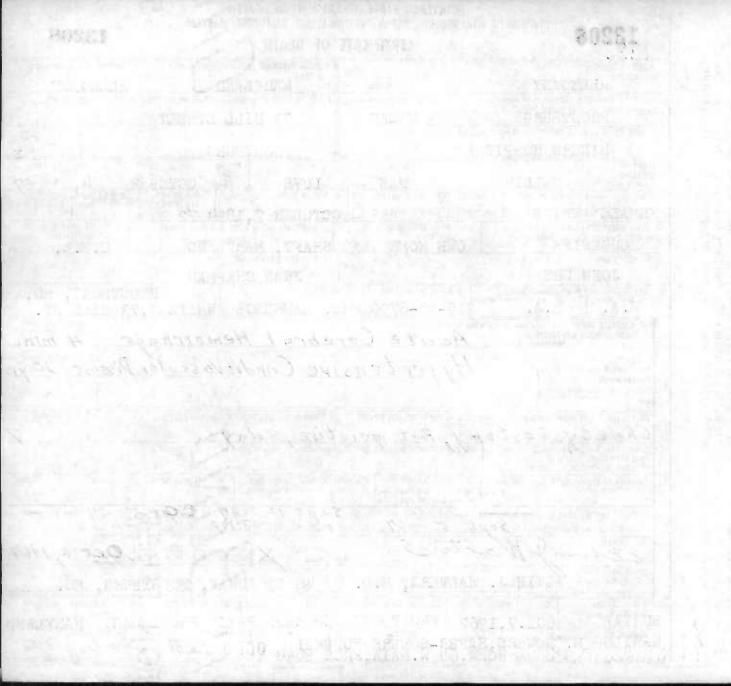
death.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13205 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give neorest town) FROSTBURG WEEKS 73 HILL STREET d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? MINERS HOSPITAL FROSTBURG YES NO 3. NAME OF First Middle 4. DATE Year DECEASED (Type or print) MAE LOVE DEATH S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED last birthday) Haurs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWIFE SHAFT MARYLAND

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOHN ORT JEAN CHAPMAN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT FROSTBURG, MD. (Yes, no or unknown) (If yes give war or dotes of service) 20-6790 MRS. LAWRENCE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Hemorrhage Cerebra IMMEDIATE CAUSE (a) DUE TO pertensive Cardiovascular Disease 20 yr. Canditions, if any, which gave rise ta immediate cause (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) tosto NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part of Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Nat While factory, street, affice bldg., etc.) at wark 19 67, to Deco 21. I certify that (1) (this hospital) attended the deceased from Sept 5 1967, and that death occurred at 8:20 PM, from causes and on the date stated above saw the deceased alive on 22a. SIGNATURE 22b DATE SIGNED M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS WALTERS. M.D. BROADWAY 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) PEMOVAL (Specify) 2Sa. REC'D BY REGISTRAR

TO FUNERAL DIRECTOR: directar, page 3 VR A15



### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13207

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13209

		a. COUNTY	Allegany		MAP	YLAND	a. STATE Mar	(E (Where dec vland	ceased lived,	if institution b. COUNT	V	before <b>legs</b>		n)
			If autside carporate limit d give nearest town)	is,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (	If autside carp		write RURA				
	-		TAL OR INSTITUTION (If n	nt in hasnital a	29 days		d. STREET ADDRESS	tle Or	reans			T e	IS RESID	ENCE
a			L Hospital	or in nospiror, g			Rur						ON A FA	ARM?
		NAME OF DECEASED (Type or print)	Edit	irst h V	Middle	Mai	Last	4. DAT OF DEA		Manth	er	Day <b>10</b>	Yea	
	S.		6. COLOR OR RACE		NEVER MARRIE		8. DATE OF BIRTH	DEM	I Q AGE /In	Voges I	IF UNDER 1	-	IF UNDER	
	F	emale	White	WIDOWED	DIVORCE	-	10-17-187	79	87 bir	rthday) yrs.	Months	Days	Haurs	Min.
	10a duri	. USUAL OCCUPATION mast of warking Housewil.	N (Give kind af wark done life, even if retired) Ce		ND OF BUSINESS OR DUSTRY		II. BIRTHPLACE (S	State or fareign	n country)		CON	ZEN OF V NTRY?	WHAT	
	13.	FATHER'S NAME					14. MOTHER'S MAII	DEN NAME		*				
		Al	freed Cree	k			Rebec	ca Rob	erts					
	15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	nf service) 16. S	OCIAL SECURITY NO.	17.	INFORMANT			Addres	S			
	(10	No	(ii fes give war ar autes	or service)		Me	emorial Ho	spital	-Cumb	erlan	d, Ma	ryla	nd	
			EATH (Enter anly one car TH WAS CAUSED BY: IMMEDIATE CAUSE		(a), (b), and (c).) <b>Cardia</b>	c Fa	ailure					INTER	VAL BETV	WEEN FAIH
		Conditions, if any		TO (b)	Chroni	с Мус	ocardititi	S						et.
		stoting the unde		TO (c)	ASCV	Disea	ase						00 00 0	Pé .
2	ATION		GNIFICANT CONDITIONS C							T 1(a)		19. V P YES	VAS AUTO ERFORME	PSY ED? NO
	CERTIFICATION	20g. EXTERNAL CA PRIMARY ☐ gr CO CAUSE OF DEATH.	NUSE WAS NTRIBUTING 🗗	20b. DES	Fell A		(Enter nature af injur 10	γ in Port I or	Part II af ite	m 18.)				
	MEDICAL	20c. TIME OF INJ. Hour 12:15 p.1	URY Month, Day, Yeor	67 20d. IN While	JURY OCCURRED  Not While at wark	fact	CE OF INJURY (Hame, ary, street, affice bldg.	, etc.)	f. (City or	,	(Cour		,	State)
			y that I taak charg	e af the rem		bave, he		], Inspe	ectian <b>K</b> , Undeterm	Inqui	y X,			apinian
		ACTUAL SIGNATURE	Benedic	+S	Literal	he	M.D. ASSISTANT	MEDICAL EXAMINE	MINER .	Datah	am 10		DATE S	SIGNED
1		EXAMINER'S NAME (Type)	BENEDICT	SKITARE	MIC, M.D.		DEPUTY MI Address (S	EDICAL EXAMIN	wn, ar caunty	Cumbe	rland	, Ma	ryla	and
	230.	. BURIAL, CREMATIC	1		23c. NAME OF CEM				LOCATION (		,	County)	,	ate)
	_	PEMOVAL (Specify		,1967	Piney Pl	aine			tle O				Md.	
1		ward J.	Grove, Han	cock, M	ADDRESS laryland		DATE	OCT 1	6 196	7Sb. REG	STRAR'S SIG		udg	e.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13208 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. CAN egany o. STAMaryland NE Cab Catalo Allegany deloy is and 3 to 10 MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

Midland c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) PM3. ofter ( Midland d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS or of the form hours Cemetery Road Cemetery Road be executed within 24 hours after death. NAME OF Middle Last 4 DATE Manth 72 First DECEASED 10/9/1967 the McGee 18. Give MARY within (Type or print) with S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) 83 yrs. Manths White WIDOWED K Aug. 25th. 1884 Female DIVORCED event CY 10a. USUAL OCCUPATION (Give kind af wark dane during most af warking lite, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY Midland, Md. any the certificate, writing the word "pending" in pencil in 4 should be forworded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME \_ Michael Clise Susan Winters File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ng, or unknown) (If yes give war ar dates af service) removol None Lena Tighe Midland, Md. (Neice) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY OCCLUSION burial, cremation, or CORONARY IMMEDIATE CAUSE (a) This certificate should DUF TO Conditions, if ony, which gave (b) CORONARY SCIEROSIS rise ta immediate cause (a), DUF TO 0 stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) pe or its designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 af item 18.) 3 should PRIMARY ar CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City or town) (Caunty) Haur o.m. factory, street, affice bldg., etc.) While Not While may be retoined for your FUNERAL DIRECTOR: Page at wark necessory, please execute 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection A. Inquiry A the funerol director. death resulted fram: Natural causes 🔣 Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 10/9/1967 DEPUTY MEDICAL EXAMINER Skitarelic Cumberland, Marylane Cumberland, Marylane Benedict Realth NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION, 50 Frostburg, 10/12/1967 Memorial Park

Lonaconing, Md.

e. IS RESIDENCE ON A FARM? YES NO

Year

IF UNDER 24 HRS.

19

INTERVAL BETWEEN

WAS AUTOPSY PERFORMED?

and in my apinian

22. DATE SIGNED

(County)

Marley Judge

2Sb. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

NO X

(Stote)

Day

Days

VR A15ME 6M 1/66 24. FUNERAL DIRECTOR

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# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 ta Page ALLEGANY MARYLAND death. ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and M3. YEARS CRESAPTOWN e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS DOA SACRED HEART HOSPITAL CRESAP PARK Give Pages YES NO X Item 18. Give Page: Office alang with fr with the State 24 hours after death. 3. NAME OF First Middle Lost 4 DATE Year DECEASED WALLACE McKEE OCT. M. 15 67 DEATH (Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS lost birthdoy) Hours Months Doys Min WIDOWED X MALE WHITE AUG.16,1884 DIVORCED event 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY USA MARYLAND ward "pending" in pencil in the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME certificate shauld be executed within 13. FATHER'S NAME = HENRY MCKEE CHARLOTTE MCKENZIE File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service ar remayal NO 214 07 2958 MARY TWIGG CRESAPTOWN. MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit CORONARY OCCLUSION IMMEDIATE CAUSE (a) crematian, DUE TO Conditions, if ony, which gave SCLEROSIS CORONARY 4 shauld be farwarded ta rise to immediate couse (a), DUE TO stoting the underlying couse ta burial, nsed 19. WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO X 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) priar 3 should PRIMARY ☐ or CONTRIBUTING ☐ EXAMINER: CAUSE OF DEATH designated agent, 2De. PLACE OF INJURY (Home, form, (City or town) (Stote) 2Dc. TIME OF INJURY Month, Dov. Yeor 2Dd. INJURY OCCURRED (County) foctory, street, office bldg., etc.) of work ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X. Inquiry X, and in my opinian the funeral directar. death resulted from: Natural causes X Accident Suicide , Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER TX October 15, 1967 Health or **EXAMINER'S** Address (Street, city, town, or couldwimberland, Maryland NAME (Type) BENEDICT SKITARELIC, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (State) 0 REMOVAL (Specify)

FROSTBURG MEMORIAL PARK

ADDRESS

CUMBERLAND, MD.

FROSTBURG

2So. REC'D BY REGISTRAR

ALLEGANY

2Sb. REGISTRAR'S SIGNATURE

MD.

VR A15ME (5)

BURIAL

24. FUNERAL DIRECTOR BYRON

18,1967

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

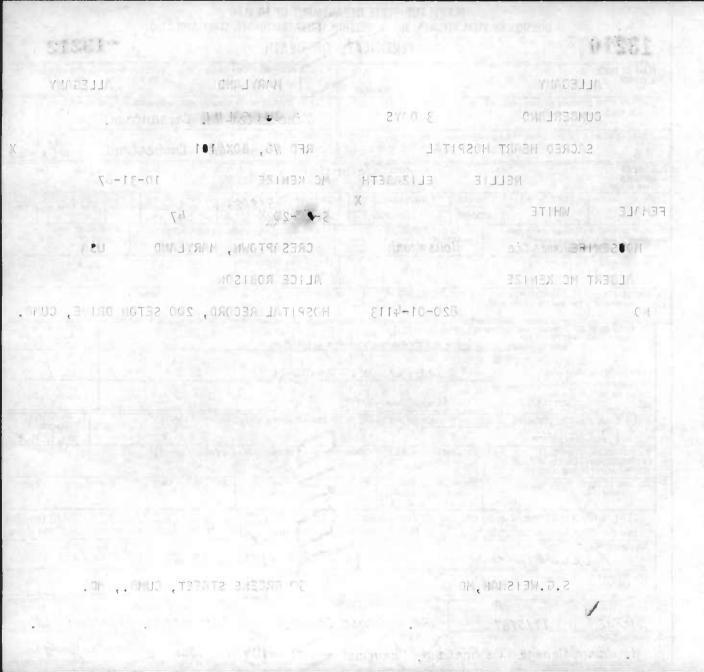
	13210 Item #3 FILM "G394 ICERTIFICA	TE" OF DEATH	TEREFE					
	1. PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Resi o. STATE MARY LAND b. COUNTY	dence befare admission) ALLEGANY					
	b. CITY OR TOWN (If outside corporate limits, write RURAL COOPER EREAND)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and Winchester Rd. Cresaptour						
52	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  SACRED HEART HOSPITAL	d. STREET ADDRESS  RFD #6, BOX##1 Cumberlan	e. IS RESIDENCE ON A FARM? YES NO					
	3. NAME OF First Middle McF  DECEASED (Type or print)  NELLIE ELIZABETH	ME/KENIZE OF DEATH Manth 10-31-	Day Year					
	S. SEX FEMALE  6. COLOR OR RACE WHITE  7. MARRIED NEVER MARRIED DIVORCED	last birthday) Manth	DER I YEAR IF UNDER 24 HR is Days Haurs Min					
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life even if retired).  The property of working life even if retired).  The property of the control of	CRESAPTOWN, MARYLAND	CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME  ALBERT MC KENIZE	14. MOTHER'S MAIDEN NAME  ALICE ROBISON						
		7. INFORMANT Address HOSPITAL RECORD, 200 SETON	DRIVE. CUMB.					
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	fortee	INTERVAL BETWEEN ONSET AND DEATH					
	Canditions, if any, which gave (b) Cerebral her	montage	3 days					
	stating the underlying cause (c) DUE TO (c) Overview selves							
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
	OR CONTRIBUTING CAUSE OF DEATH  (IF FITHER NOTIFY MEDICAL EXAMINED)	ED. (Enter nature af injury in Part I ar Part II af item 18.)						
		factary, street, affice bldg., etc.)	(Caunty) (State)					
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 31 196, and t	hat death occurred at $73$ ? $PM$ , from causes and or	9 <u>67</u> , that (I) (we) lo					
ă	220. SIGNATURE Chilesulan	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	DATE SIGNED					
1	22c. PHYSICIANS NAME (Type) S.G.WEISMAN, MD	22d. ADDRÉSS 59 GREENE STREET, CUMB.,	MD.					
		se Cemetery Cresaptown. Al						
	24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR  DATENOV 6 1967 JCL	'S SIGNATURE					

Cumberland, Maruland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

H. Wayne George



### CERTIFICATE OF DEATH

19949

TUNIA	CI	MILITARIE	OI DEATH		CLAGE
1. PLACE OF DEATH 0. COUNTY ALLEGANY		MARYLAND	a. STATE PENN	nere deceosed lived, if institution: SYLVANIA b. COUNTY	BEDFORD
b. CITY OR TOWN (If outside corparate lir write RURAL and give neorest down)		27 DAYS	c. CITY OR TOWN (If outs HYND)	ide corparate limits, write RURAL MAN	753
d. NAME OF HOSPITAL OR INSTITUTION (IF		ress) d	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ROY		OLIAL	MENGES	4. DATE OF OCTOB	
S. SEX 6. COLOR OR RACE WHITE	WIDOWED [	DIVORCED	2-13-188	5 last birth 872.	FÜNDER 1 YEAR   IF UNDER 24 HRS Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark da during most af warking life, even if retired) <b>Engineer</b>	ine 10b. KIND OF BUSINE		HYNDMAN,		12. CITIZEN OF WHAT
	MENGES		14. MOTHER'S MAIDEN NA	. BEAL	
1S. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes give war ar date	es of service) 16. SOCIAL SECURI 705-0	9-2546ME	MORIAL HO	SPITAL, CUMB	ERLAND, MD.
1B. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	cause per line for (a), (b), and (	ephle	hitis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave	(b) OUE TO (c)	nocos	veiros	na of nech	en 8 monts
PART II. OTHER SIGNIFICANT CONDITION	Klesse	topes	relief	2	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW I	NJURY OCCURRED. (Ent	iter nature af injury in Po	art I ar Part II af item 18.)	
20c. TIME OF INJURY Manth, Doy, Year Haur a.m.	r 20d. INJURY OCCURR While Nat Wh ot wark at war	nile factory,	OF INJURY (Hame, farm, y, street, office bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
21. I certify that (I) (this h saw the deceased alive an		ceased fram, and that d	epy.//, 19 death accurred at_	10: M. Frank couses an	7, 19 6 That (I) (we) lo d an the date stated above
22a. SIGNATURE	18/1911.1	1/12/		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
Kined	1011/11le	MAD O	/		
Hered	XIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	BERGER	22d. CUMBER	RLAND, MD.	
22c. PHYSICIAN'S NAME (Type) DR. WAN 23o. BURIAL, CREMATION, 23b. DATE	THEREOF 23c. NAME 17,1967 Hyn	NBERGER E OF CEMETERY OR CRE Idman Com	22d. CUMBER EMATORY netery	RLAND, MD.  23d. LOCATION (City or Town)  Hyndman, I	

\*\*O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. filled in by the funeral haurs afte anspaper within 72 **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campleted director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carba shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1921	6		CERTIFIC	ALE OF DE	EATH			1	321	14	
	ACE OF DEATH COUNTY	Allega	ny	MARYLA	o. STATE	Mary:		b. COU	Al]	lega	iny	
b.	CITY OR TOWN (	If outside corporate limit	s,	c. LENGTH OF STAY IN	c. CITY OR	TOWN (If outs	ide corporote li	mits, write RU	RAL ond give	neorest	town)	24
(	cumber	give nearest town)		12/7/63		Oldto	own				01-1	
		al or institution (if nay County			d. STREET A	ADDRESS					ON A FARI	M?
	AME OF	F	irst	Middle	Lost		4. DATE	Mon	th	Doy	Year	
	Print (Print)	Ja	mes	Walter	Mil	ler	OF DEATH	ctobe	r	3,		7
S. SE	X	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B		9. AC	GE (In yeors	IF UNDER 1 Months	YEAR Doys	IF UNDER 24 Hours	4 HRS. Min.
M	ale	White	WIDOWED	DIVORCED	□ 5/31/	1880	8	7 yrs.	Monnis	DOYS	110013	iriii,
		(Give kind of work done		ND OF BUSINESS OR DUSTRY	11. BIRTHPI	LACE (County &	Stote, or foreign	country)	12. CITI	IZEN OF JNTRY?	WHAT	
Re	tired:	life, even if retired)	INI	DOSIKI	Berl	kley S	oring,	W. Va.	-	MIKI;	U.S.	A.
13.	FATHER'S NAME	Toeso	3/277		14. MOTHE	R'S MAIDEN NA	ME					
		Jefferson	1 MITTI	er	17. INFORMANT	arah M	CDona	ld				
1S. (Yes,	was DECEASED EVE no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 23	ocial security no. 2-26-3221	17. INFORMANT Allege	ny Co	unty	9, Cum Infir	mary	nd,	Md. ords	
			(o) <u>(d</u>	(c), (b), one (c).	wal Su	suff	inique	64	Mous		RVAL BETWEE	
	rise to immedio stoting the under lost.	re couse (o),	(b) Ch (c) A	rterio se	Mereris			0	nau	//	ters	
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING T	QUELLE	ED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN	PART I(Q)	elieu	19. YE	WAS AUTOP: PERFORMED S NO	?
CERT		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (Enter noture	of injury in Po	ort I or Port II	of item 1B.)				
MEDICAL	Hour o.	URY Month, Doy, Yeor m. 19	20d. IN While ot work	Not While of work	De. PLACE OF INJURY foctory, street, off	ice bldg., etc.)		ity or town)	(Cou			ote)
	21. I certi	<b>fy</b> that (I) (this has eceased alive an_	spital) otteno 9/30/6	led the deceased fr 719, an	d that death ac	3, 19 curred at_	, to	tom causes				e) lo vode
	220. SIGNATURE	vhul :	Toppe	w	M.D. PHYS.	IXI D	M. D. MED. MECTOR	STAFF PHYS.	22b. DA			
	22c. PHYSICIANS NAME (Type	John A.	Toppe	er, M. D.	22d. Al Me		l Hos	pital	Cumb	erl	and,	Md
230.	BURIAL, CREMATI	1		23c. NAME OF CEMETE	RY OR CREMATORY		23d. LOCAT	ION (City or To	own)	(County)	(Sto	te)
	REMOVA (Specific	al Oct.	5,1967	Bethel C	emetery			nel, W	. Va.			
24.	FUNERAL DIRECTO			ADDRESS		2So. REC'D	BY REGISTRAR		EGISTRAR'S SI			
	Jam	es r. Scar	rpelli,	Cumberlar	id, Md.	DADCT	6 191	57 gc	limile	y Ja	del	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the typeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13213

### CERTIFICATE OF DEATH

13215

_									
1.	o. COUNTY	Allega	ny	MARYLAND	o. STATE Ma	aryland	ved, if institution: Resid b. COUNTY	Allega	ny
	b. CITY OR TOWN ( write RURAL and	If outside corporate limits, I give negrest town) CUMBERLAND		c. LENGTH OF STAY IN 16 4 yrs.,6 mos		etside corporote lin	nits, write RURAL ond o	give neorest to	wn)
		AL OR INSTITUTION (If not in	hospital, g	give street address)	d. STREET ADDRESS			e. IS	RESIDENCE IN A FARM?
		SYLVAN R	ETREA	T	10	9 Maple	Street	YES	
3.	NAME OF DECEASED (Type or print)	First Edit	h	Middle Pearl	lost Minnick <b>≹</b>	4. DATE OF DEATH	Month October	00y 31	Year 19 67
	sex Female	White	MARRIED WIDOWED	NEVER MARRIED DIVORCED	8/28/90	9. AG	E (In yeors IF UND)  pirthdoy) Months  yrs.		UNDER 24 HRS. Hours Min.
10 du	o. USUAL OCCUPATION ring most of working House	(Give kind of work done life even if retired) WITE		ND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Count	y & Stote, or foreign nd (質量資料	A STATE OF THE STA	CITIZEN OF WE COUNTRY?	U.S.A.
13	B. FATHER'S NAME	Walter Witt			14. MOTHER'S MAIDEN		Shaffer		
IS (Y	es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of se		17 4 07 006E TO	informant frs. Mary J.	Buckale	Address		tburg M
	PART I. DEA'  420 C  Conditions, if ony rise to immediat stating the under lost.	e couse (o),	2	Chr a. 5.4.	outes Durth A Elerosis	/ypark	Eusien 1	May 3	AL BETWEEN AND DEATH
CERTIFICATION	200 ACCIDENT WA	SUNDERLYING TO	52	TO DEATH BUT NOT RELATED TO  LICE BY BY SCRIBE HOW INJURY OCCURRED	rul dega	errature	digne		AS AUTOPSY REFORMED?
MEDICAL CER	(IF EITHER, NOTIFY	10	20d. IN While	Not While fo	ACE OF INJURY (Home, for		y or town) (	(County)	(Stote)
	21. I certi	fy that (I) (this haspite eceased alive an	al) atten	ded the deceased fram_ 3119_67, and th	April 15, at death accurred a	19_67, ta_ t	Oct.31 , 1 am causes and an	9 <u>67</u> , that the date s	(I) (we) last
1	22o. SIGNATURE	john le	To	pper "	A.D. PHYS.	MED. DIRECTOR	STAFF PHYS. 22b.	DATE SIGNED	67
	22c. PHYSICIAN'S NAME (Type	JOERN H	To	pper	22d. ADDRESS	il suite la	The North	till	
L	o. BURIAL, CREMATIC REMOVAL (Specify Burial	11/3/	1967		Methodist Ce	m Mt.		(County) Alleg	(Stote) Md.
1 8	John T	4. Make	O Ba	ADDRESS  The Ave. Cumbe		D BY REGISTRAR	67 25b. REGISTRAR	res Jen	ye.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers: Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

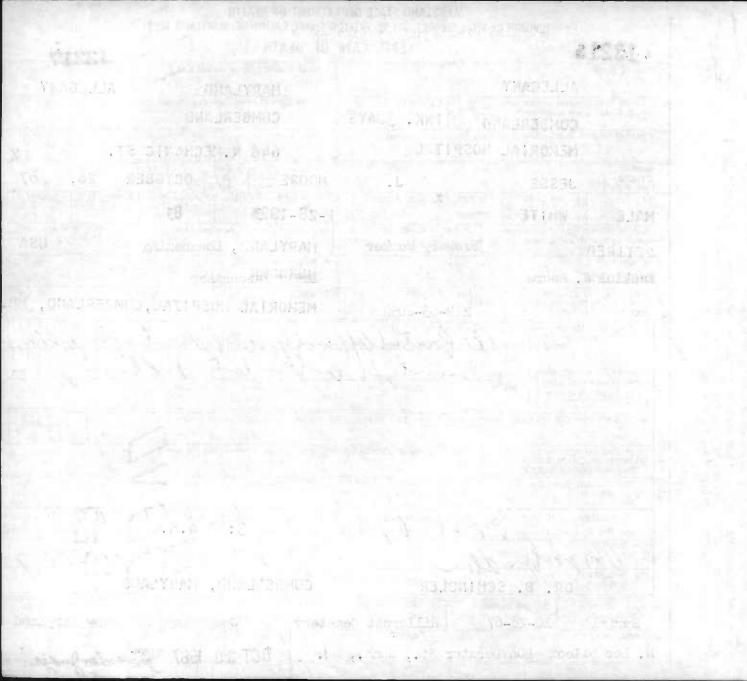
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TATE //	ľ	19714	MEDICAL EXAMINER'S	CERTIFICATE OF DE	ATH	13216
DEPT.		PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE Maryland	1 (0)1141991	dence before odmission)
File pages 1 and 2 with the State Department thours after death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMD CICANA	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corp.		
te Depo		d. NAME OF HOSPITAL OR INSTITUTION (If not in hos Memorial Hospital	· ·	d. STREET ADDRESS 115 Harrison	n St.	e. IS RESIDENCE ON A FARM? YES NO
the Sto		NAME OF First DECEASED (Type or print) Catheria		Lost 4. DAT OF DEA	TH October	Doy Year 20 19 67
and 2 with deoth.	7		OWED DIVORCED	July 4, 1881	birthdoy) Months	
ges long after de	dur	ing most of working life, even if retired)	10b. KIND OF BUSINESS OR CHORE	11. BIRTHPLACE (Stote or foreign Oldtown, Mary		COUNTRY? A
hours of		FATHER'S NAME Christopher Kelly		14. MOTHER'S MAIDEN NAME Julia Ann Bo		
warded to the Chief Medical Examiner's sed os a buriol-tronsit permit. File pages lod, and in ony event within 72 hours after		WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dotes of service NO	None Mr.	NFORMANT John R. Kelly	727 Maryland	
		1B. CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		cclusion		MINTERVAL BETWEEN
os a buriol-t and in ony e		Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse (b).	Coronary	Sclerosis		
removol, ar	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
0	L CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	Ob. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I or	Port II of item 1B.)	
cremotion, or r	MEDICAL	Hour o.m. 19	While Not While of work of work	E OF INJURY (Home, form, ory, street, office bldg., etc.)	f. (City or town) ((	County) (Stote)
prior to buriol,		21. I certify that I taak charge of the death resulted from: Natural cause ACTUAL SIGNATURE DEMOCRAÇÃO	e remains described above, he es Accident , Suici	de, Hamicide, CHIEF MEDICAL EXAMINEIM.D. ASSISTANT MEDICAL EXAMINEI DEPUTY MEDICAL EXAMIN		22. DATE SIGNED 20. 1967
TO FUNERAL I		BURIAL, CREMATION, REMOVAL (Specify) 10/24/67	23c. NAME OF CEMETERY OR ( SS. Peter &	Paul Cem. Cu	LOCATION (City or Town) umberland. All	(County) (State)
ME (5)	24	. FUNERAL DIRECTOR H. Wayne George Cumbe	ADDRESS Prland Maryland	2So. REC'D BY REG	STRAR 2Sb. REGISTRAR'S	

THE SECTION

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	The management of the facility	Memorial Resident (2)	
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24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove barbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	13216			CERTIFICAT	E OF DEATH		19910			
1.	PLACE OF DEAT a. COUNTY	Allegany		MARYLAND	- 07475	Where deceased lived, If institution: R $V\alpha_{\bullet}$ b. COUNTY	esidence before admission) ineral			
	Cumber	(N (if outside corporate and give nearest tow Land,	n)	c. LENGTH OF STAY IN 1b  12 days	,	outside corporate limits, write RURAL Keyser, W. Va.	and give nearest town)			
		spital or institution	N (if not in ho	spital, give street address)	s) d. STREET ADDRESS Short Gap, 9. IS RESION A F.					
3.	NAME OF DECEASED (Type or print)	Jou	rst Y	Middle Elaine	Last Moreland	4. DATE Month OF DEATH October	Day Year 8, 1967			
1	sex emale	6. COLOR OR RACE White	7. MARRIED [ WIDOWED [	DIVORCED	8. DATE OF BIRTH March 9, 194	49   18 yrs.	Days Hours Min.			
	I USUAL OCCUPATION MOST OF WORK NONE FATHER'S NAM	TION (Give kind of work Ing life, even if retire		ND OF BUSINESS OR DUSTRY DNC		d. Maryland U	TIZEN OF WHAT DUNTRY?			
	Arthu	vr C. Morela			Irene M.	-11 11				
15 (Ye	. WAS DECEASED es, no, or unkown) No	EVER IN U.S. ARMED FO   (If yes give war or dates o	f service)		Arthur C. A	Address Moreland Rt. # 2 Ke	yser, W. Va.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OF A STATE OF THE PROPERTY OF TH										
	Conditions, If any, which gave rise to immediate (b) CHRONIC GLOMERULONE PHRITIS									
7	cause (a), stating the underlying cause last. VON GIERKE'S DISEASE TYPE I									
CERTIFICATION		ARE		EROSIS	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO			
	OR CONTRIBUTI	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMII	TH NER)	ESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Part I or Part II of Item 18.				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)  Hour a.m. While at work at									
	21. I certify that (I) (this hospital) attended the deceased from 1954, 19 to PRESEN, T1967, that (I) (we) last saw the deceased dive on OCT 8 1967, and that death occurred at 1967, from the causes and on the date stated above.									
	220. PHYSICA	Mislea Sey	My	M.t	ATTENDING NO. PHYS. 1	22.00	11-67			
238	. BURIAL, CREM	IMMELWRIG MATION, 23b. DATE 1	HT, MD	23c. NAME OF CEMETER	OR CREMATORY VI	RGINIA AVE CUMBI	RLAND MD			
24	Burial FUNERAL DIRE	10/11/	67	Levels Cemete	ry   25aREC	Levels, Hampshire	W. Va.			
			cumberla	and, Maryland	DATE	1 16 1961 Julian	es judge			

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Charles | Carl

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13219

	PLACE OF DEATH 3. COUNTY ALLEGANY MAI		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE MARYLAND b. COUNTY ALLEGANY					
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  CUMBERLAND  2 DAYS		c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)  CUMBERLAND, MD., 21502					
) '	S. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)  SACRED HEART HOSPITAL		REET ADDRESS	DOCK RD.,		e. IS RESIDENCE ON A FARM? YES NO X		
	NAME OF First Middle DECEASED Type or print) MYRTLE S.	11071		4. DATE Mor OF DEATH OCTOB				
S. :		D 8. DATE	ELROD OF BIRTH 2 -84	9. AGE (In years last birthday) 83 yrs.	IF UNDER 1 YEAR Months Days			
duri	USUAL OCCUPATION (Give kind af work dane ng most of working life, even if retired) HOUSEWIFE  FATHER'S NAME	F	11. BIRTHPLACE (Caunty & State, ar fareign cauntry)  PETERS BURG, W. VA.  14. MOTHER'S MAIDEN NAME					
13.	MARTIN ALT		SIPHRONE					
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknawn) (If yes give war ar dates of service)  16. SOCIAL SECURITY NO.  2 17-54-65 I  18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	I HOSP.	RECORD	Add	lress			
CERTIFICATION	PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a) DUE TO    Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RISE	LATED TO THE TERM	MINAL DISEASE COND		2	WAS AUTOPSY PERFORMED?		
MEDICAL CERTIFI	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year Hour a.m. While ☐ Not While ☐	20e. PLACE OF IN	ature af injury in Po JURY (Hame, farm, et, affice bldg., etc.)	20f. (City ar tawn)	(County)	(State)		
N	p.m. 19 at work at wark 21. I certify that (I) (this haspital) attended the deceased	framand that death	TENDING DE	M, fram causes  MED. STAFF IRECTOR PHYS. [  GREENE ST.,	22b. DATE SIG	ned Albania (Albania)		
B	REMOVAL (Specify)	METERY OR CREMATO	ory .	23d. LOCATION (City or I Cumberland By REGISTRAR 25b. I		y) (State)		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

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No.		4001	0	
FOR STATE		1321	5	
HEALTH DEAT	1.	PLACE OF DEATH		
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de de		b. CITY OR TOWN (	lf outside	corp
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5 ~ 7 5 5		d. NAME OF HOSPIT	AL OR IN	STITU
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death with with 72		NAME OF DECEASED (Type or print)		
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s after 18. Give e along 2 with th		Male	Wh	
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24 hd I in Ite er's Of ges Tar any ev	dur	ing Matter the 199	lite even	if reti
within 24 n pencil in Examiner's File pages and in any	13.	FATHER'S NAME	-	
within pencil camine le pag			Go	org
d wit in pe Exar File and	15.	WAS DECEASED EVE		
certificate shauld be executed, writing the ward "pending" is arwarded to the Chief Medical used as a burial-transit permit.	(Ye	es, no, or unknown)	(If yes gi	ve wo
Me Me		18. CAUSE OF DE		
d be rd "pe Chief		PART I. DEAT		MEDI
P tr C tr		443X	***	
ward ward the Cl rrial-tra		Conditions, if ony,	, which g	ove
the ta ta ta but to but		rise to immediat		
g t ed ed cre		stoting the under	rlying co	use
writing writing arwarded used as a burial, cr		PART II. OTHER SI	CHIELCAN	T (O)
s, writing transcription of the forwarded as a used as a burial, cre	TION	PART II. UTHER SI	GNIFICAN	AI
This icate be for the formula	FICA	20o. EXTERNAL CA	USE WAS	454
IINER: This re certificate, should be fa files. 3 should be to a s	CERTIFICATION	PRIMARY  or COI  CAUSE OF DEATH.	NTRIBUTI	NG 🗆
MINER the cer 4 shau ur files e 3 sho gent, p	MEDICAL	20c. TIME OF INJU		th, Do
XAM Jite th ge 4 yaur Page d age	WEI	Hour o.n		
cutcut age Page		21. I certify	_	Lton
Mercal Exam lease execute th director. Page 4 etained far yaur DIRECTOR: Page s designated age		death result		
se se necro		dedili lesoli		11.
O DEPUTY MC.CAL EXAMINE necessary, please execute the centre from the funeral director. Page 4 sha 5 may be retained far yaur file. O FUNERAL DIRECTOR: Page 3 shell the file of the following the file of the fil		ACTUAL SIGNATURE	se	ue
TO DEPUTY necessary, p the funeral 5 may be re TO FUNERAL Health or its		EXAMINER'S NAME (Type)	BEI	
res full man	230	. BURIAL, CREMATIC		23b.
10 the 10 the	230	REMOVAL (Specify	)	430.
0	24	FUNERAL DIRECTO		
(,	64	. TORLINAL DIRECTO	r,	

	1921	9	WED	ICAL EXAMINER	(2)	CERTIFICATE O	F DEATH		13220
1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceased lived, if	institution: Residen	ce before odmission)
		Allegany		MARYLANI		o. STATE Mary	zana		llegany
	b. CITY OR TOWN (I	f outside corporate limit	S,	c. LENGTH OF STAY IN 16			tside corporote limits, wr	ite RURAL and give	nearest town)
		give negrest town)		5 days		Cumberl	and,		01-1
		AL OR INSTITUTION (If no	ot in hospitol,	give street oddress)		d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
	Memori	al Hosp.				744 Mar	yland Ave.		YES NO
3.	NAME OF	Fi	rst	Middle		Lost	4. DATE	Month	Doy Year
	DECEASED (Type or print)	Fra	nk	Shepherd		Neff	OF DEATH OC	ctober	24. 1967
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9. AGE (In ye	eors IF UNDER	
	Male	White	WIDOWED	DIVORCED [	] [		1895 last birtho	yrs.	Days Hours Min.
10c dur	. USUAL OCCUPATION	(Give kind of work done life, even if retired)	10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (Stote Cumber	or foreign country) Land, Md.	12. CI1	IZEN OF WHAT
13.	FATHER'S NAME				T	14. MOTHER'S MAIDEN N	IAME		
		George R.	Neff			Salli	e Bickford		
15	WAS DECEASED EVE	PINILS ARMED FORCESS	16	SOCIAL SECURITY NO.		IFORMANT		Address	
(11	NO .	(If yes give wor or dotes o	7	05-09-9862	Mr	s. Ruth Nes	6 744 Mary	gland Ave	2. Cumb. Md.
		ATH (Enter only one cou H WAS CAUSED BY:	•		Cer	rehrel Her	onnhe ce		INTERVAL BETWEEN ONSET AND DEATH 5 08 VS
HAMEDIATE CAUSE (o) Cerebral Hemorrhage  443 X DUE TO									- Juays
	(onditions, if ony, which gove ) (b)								
	rise to immediate couse (a), stating the underlying couse DUE TO								
	lost.	Tyring coose	(c)				DI	sease	
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								
ATIO		Arter	ioscl	erosis					19. WAS AUTOPSY PERFORMED? YES NO XX
MEDICAL CERTIFICATION	20o. EXTERNAL CAP PRIMARY ☐ or CON CAUSE OF DEATH.		20b. DE	SCRIBE HOW INJURY OCCUR	RED. (I	nter noture of injury in I	Port 1 or Port II of item	18.)	
MEDICAL	20c. TIME OF INJU Hour o.m	10	20d. II While	Not While		E OF INJURY (Home, form ry, street, office bldg., etc.)		wn) (Cou	inty) (Stote)
		71		nains described abave	heli	d an Autansy	Inspection X,	Inquiry 🟋,	and in my apinian
	death result	-	al causes			de . Hamicide		ed manner	1
			7	A Line of the second	501010	CHIEF MEDICAL			
	ACTUAL SIGNATURE & Description April Arelico M.D. ASSISTANT MEDICAL EXAMINER (1) 22. DATE SIGNED								
	EXAMINER DEPUTY MEDICAL EXAMINER & October 24, 1967								
	NAME (Type)	BENEDICT		ARELIC, M.	_	Address (Street	, city, town, or country	nberlan	d, Maryland
230	BURIAL, CREMATIO			23c. NAME OF CEMETERY		REMATORY	23d. LOCATION (City	or Town)	(County) (Stote)
	REMOVAL (Specify)		6/67	Hollcrest 1	Bur	ial Park	Cumberla		
24	I. FUNERAL DIRECTOR		County - C	ADDRESS		25o. REC'D		Sb. REGISTRAR'S S	
	n. wayn	le George	cumper	cana, Ma.		DATO CT	2 6 1967	youard	o Judge ,

April 22 157 AV 4 128 2 2 20

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

13221

-44/													
E E S	V		PLACE OF DEATH					2. USUAL RESIDENCE (	Where deced			before odmi	ssion)
un d	X	C	. COUNTY ALL	EGANY		MARY	LAND	o. STATE MARY	AND	b. CO		EGANY	
es de la contra del contra de la contra de la contra del la contra de la contra de	1	b	. CITY OR TOWN (	f outside corporate limit	s,	c. LENGTH OF STAY II	N Ib	c. CITY OR TOWN (If ou		ote limits, write R			)
y the funeral Pages 1 ond 2 ours after death			write RURAL and	BERLAND		10 DAYS	100		TBURG				111=1
E S E		d		AL OR INSTITUTION (If no	ot in hospital, a			d. STREET ADDRESS	Dona				ESIDENCE
tely filled in rbon papers, within 72 ho	52			RED HEART H				44 W	RIGHT	STREET			FARM?
			NAME OF	Fi	irst	Middle		Lost	4. DATE		nth	Doy	Year
completely ove corbo y event, w	1		Type or print)	AGATH	IA	NMI		NICOLATO	OF DEATH	10	10	6	967
mplet ve corl event,		5. 5		6. COLOR OR RACE		NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR   IF UNI	DER 24 HRS
ottending physicion and completely permit. Then pleose remove corbo an, or removal, ond in ony event, w		-	FEMALE	WHITE	WIDOWED	DIVORCED		03-10-90		77 yrs.	Months D	oys Hour	rs Min.
and rer		10o.	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fo	areign country)		EN OF WHAT	
cion and co		durin	HOUSEW IF	lite, even it retired)	IN	DUSTRY		ITALY			COUN	TRY? Ita	aly
ysic ple al, o			FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	9-50			
ending phys nit. Then p or removal,			JEROME	BIASI	9 1			DOMINICA	ARSEG				
ding . Til		15.	WAS DECEASED EVE	DINILIC ADMED ENDICES	16. 5	SOCIAL SECURITY NO.	17. 1	NFORMANT			lress	+-	
permit.		(Te	NO OF UNKNOWN)	(If yes give wor or dotes	or service 218	-24-8365A	HO:	SPITAL RECO	RD. 20	O SETON	PRIVE.	CUMB.	. MB
by the offi fronsit perr crematian,			18. CAUSE OF DE	ATH (Enter only one cou	use per line for	(o), (b), ond (c).)						INTERVAL	BETWEEN
signed by the burial-tronsit burial, cremati			PART I. DEAT	'H WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Correstive	L	rail faile	e.			ONSET AND	D DEATH
tro py			4330	DUE	' '	8		1.1.					
rial			Conditions, if ony,		(b)	alial	) 1	Fibrillelier	(				
sic bu			rise to immediat		TO		0		0				
icate has been for use os the Health prior to			lost.	I I I I I I I I I I I I I I I I I I I	(c)	arlerio	VO	clerolie (	andie	rvascular	disease	e	
has b se os h prio		Z	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE CON	NDITION GIV	EN IN PART I(o)		19. WAS A	UTOPSY
icate ho for use Health	3	ICATION	The state of	Dialutes M	nellita	OF DESCRIPTION						YES [	RMED?
for Hec		FE	20o. ACCIDENT WAS	UNDERLYING			CURRED.	(Enter noture of injury in	Port I or Po	rt II of item 18.)			
certificate hed for u		CERTIFI	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	100								
his ce etache Dept.		MEDICAL	20c. TIME OF INJU	IRY Month, Day, Yeor		IJURY OCCURRED		CE OF INJURY (Home, farm		(City or town)	(Count	γ)	(Stote)
der der te E		ME	Hour o.n	10	While at work	Not While of work	toct	ory, street, office bldg., etc.	)				
After the be de State				y that (I) (this hos			fram	, 1	9	ta	. 19	, that (I)	(we) la
CTOR: After this certification of the State Dept. of			saw the de	ceased alive an_	1	19, c	and that	death occurred at		M, from couses	ond on the	dote stot	ted abav
			220. SIGNATURE		-1//	2-		ATTENDING	MED.	STAFF	22b. DATE		
DIRE 3 ae 3 ed w			C	Launel &	· wice	ons	J.M	). PHYS.	DIRECTOR	PHYS.	] 10/17	/67	
P D d			22c. PHYSICIAN'S NAME (Iuma)	CLARENCE V	VINCENT	, M. D.		22d. ADDRESS	CMATTI	JOOD CM	OTHERDE	DT AND	100
o FUNERAL director, pa									DIMETER	WOOD ST.	, white	תואות	, MD.
rect of a sulphane	^		BURIAL, CREMATIC			23c. NAME OF CEME	TERY OR	CREMATORY	1	OCATION (City or I		ounty)	(Stote)
5-9-2	1		URTAL (Specify	1.0	57	ST. MICHA	ELS			ROSTBURG			- 10
	1/		JOSEPH R		र मार	STBURG, MD		21522	BY REGIST	- 04	REGISTRAR'S SIGN	TURE	2
R A15 (4) 5M 1/67	10		O COLLII II	· DOILDI'S DI	re, Filo	מון פטונטפונט	•	PULL	20	1967   1967	rong	10	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

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7.	1)	1100L1T0	TEW X	11:11:16			
	77	03-10-90		3T1H1/	FEMALE		
		TALT			HOUSENIFE		
	200	DOMESTICA IRS		12/18	JEROME		
RIVE, CUM., IND	200 SETOH D	HOSPITAL RECORD,	10 (0.145-3)		01		

MARYLAND	STATE	DEPAR	TMENT C	F HEAL	TH		
RCH AND R	ECORDS,	301 W.	<b>PRESTON</b>	STREET,	BALTIMORE,	MARYLAND	21201

FOR STATE	XL	13220 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	
HEALTH DERY		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission	on)
3 to Poge Poge		a. COUNTY Allegany MARYLAND	d. STATE B. COUNTY Allega Allega	nv
deloy is and 3 to 13. Poge ment of r death.	1	b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)	
2, and 3 PM3. Po partment after dea		write RURAL and give nearest town)  Cumberland  25 years	Cumberland	-1
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIL ON A F.	
th form If Stote Be	50	Memorial Hospital (1 hour)		NO 🔀
		3. NAME OF First Middle	Last 4. DATE Manth Day Yes	ar
			Hara, Jr. DEATH Oct. 23 19	67
8. Give along with the within		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  Aug. 16, 1921 4 Aug. Hours  9. AGE (In years irrunder) Aug. Manths Days Haurs  4.0 Yrs.	R 24 HRS.
18 (18 cm 18 mt v mt v		Male White WIDOWED DIVORCED	Aug. 16, 1921 47/ 46 yrs.	
thin 24 hours or series in them 18 miner's Office or pages land 2 will nonly event will nonly event with the series of the serie		10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fareign cauntry)  12. CITIZEN OF WHAT COUNTRY?	
24 in lin lin lin lin lin lin lin lin lin l		during most at warking life, even if retired) Cleaning Estab.	Gladys, W. Va.	USA
within pencil xamine ile paga		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
with per Exame File		Guy D. O'Hara, Sr.	N <sub>e</sub> ll Clarke	
		(Yes no grunknown) ((If yes give war ar dates of service)	INFORMANT Address Siste	
pe execute "pending" ief Medica nsit permit			Mrs. Pauline Holihan, Cumberland, Mc	
ex end f Mi it p		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	INTERVAL BET	
l be l 'pe hief ransii	,	COLO IMMEDIATE CAUSE (o) SKU	11 Fracture 12 hou	rs
bio or the	/	DUE TO		
10 × 4 0 i	*		77 Cman thind atoms) II	
should the word to the Ch buriol-tra		Conditions, if any, which gave (b)	ll from third story) "	<del></del>
ate should be executed g the word "pending" is at to the Chief Medical to buriol-transit permit cremation, or removal,		Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse	ll from third story) "	
tificate shou iting the wo arded to the d os o burio iol, crematic		Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.	II from third story)	OPSV
vertificate writing the service of t		Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTT PERFORM	ED?
his certificate ote, writing the forwarded to be used os o to buriol, cre	2	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTT PERFORM YES  YES	OPSY ED? NO
This certificate ficote, writing the forwarded to be used os o for to buriol, cre	2	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED PRIMARY TO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED.	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTO PERFORM YES   19. (Enter noture of injury in Part I ar Part II of item 1B.)	ED?
This certificate ficote, writing the forwarded to be used os o for to buriol, cre		Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  20a. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTO PERFORM YES  1. (Enter noture of injury in Part I ar Part II of item 1B.)  11rd story window	ED?
This certificate ficote, writing the forwarded to be used os o for to buriol, cre		Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED FINANCY CAUSE OF DEATH.  20c. TIME OF INJURY Manth, Day, Year  20d. INJURY OCCURRED 2 20e. PL	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTH PERFORM YES  10. (Enter noture of injury in Part I ar Part II of item 1B.)  11. Lird story window  ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)  12. (City ar tawn) (Caunty) (Caunty) (Caunty, street, affice bldg., etc.)	NO State)
XAMINER: This certificate the certificate, writing the geta should be forwarded to your files.  Page 3 should be used as a day of a should be used os a day of the state of th		Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour Theory Contribution of the process of	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTT PERFORM YES  1. (Enter noture of injury in Part 1 ar Part II of item 1B.)  1. (Index story window ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)  1. (City ar tawn) (Caunty) (Caunty) (Caunty, street, affice bldg., etc.)  1. (Cumberland, Alleg. Md.)	ED? NO State)
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PLACE OF DEATH

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

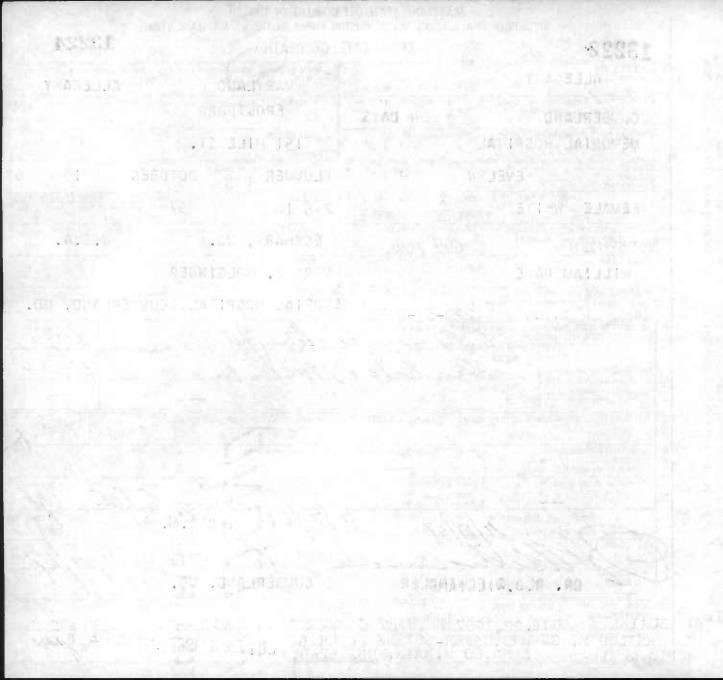
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2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)

fune 1 a		o. COUNTY ALLEGANY MARYLAND	o. STATE MARYLAND b. COUNTY ALLEGANY
the ages s aft		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Page P		write RURAL and give negres flown) CUMBER TRANSPORT 24 DAYS	CUMBERLAND, MD.
filled in by the fur n papers. Pages 1 ithin 72 haurs after	50	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  MEMORIAL HOSPITAL	RT. 1, BOX 448
arbon nt, witl		3. NAME OF First Middle DECEASED WILLIAM Blaine	PARSONS 4. DATE Month Doy Year OF DEATH OCTOBER 30 19 67
and campletely fremave carbon n any event, wit		S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED	B. DATE OF BIRTH  3-19-05  9. AGF yeors IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.
ician and ca lease rema and in any		100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Self-employed Mechania  10b. KIND OF BUSINESS OR NDUSTRY AUTOMOBILE	11. BIRTHPLACE (County & Stote, or foreign country) PARSONS, W. VA.  12. CITIZEN OF WHAT COUNTRY? U.S.A.
attending physician permit. Then please an, or removal, and i		13. FATHER'S NAME ROBERT PARSONS	14. MOTHER'S MAIDEN NAME BERTIE C. JOHNSON
ttending rmit. T		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 232-10-9738	MEMORIAL HOSPITAL CUMBERLAND, MD.
signed by the ourial-transit ourial, cremati		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	Artement fler years.
ficate has been s far use as the k f Health prior to b	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED? YES NO
ertificate honed far use		OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item IB.)
detact			PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)  20f. (City or town) (County) (Stote)
OR: Afte			at death occurred of : 50 M, from causes and an the date stated above
FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. af Health		22. DHACICEWAR	M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED
ineral ctar, p	1	NAME (Type) DR. BLANE SBHINDLER  23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
dire sho		Butter (Specify) Nov. 2, 1967 Parsons Com	etery Parsons, Tucker, W.Va.
/R A15 (4) 25M 1/67		24. FUNERAL DIRECTOR H. Wayne George Cumberland, Md.	DATE NOV 7 1967 REGISTRAR'S SIGNATURE
	-		

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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	90 / 200		10. July 10. Call 10.



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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i. PLACE O	F DEATH					ESIDENCE (Whe	ere deceosed l			e before odm	ission)
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b. CITY C	OR TOWN (I	f outside corporate limits	,	c. LENGTH OF STAY IN 16	c. CITY OR 1	TOWN (If outsid	de corporote li				
Wille	KUKAL and	CUMBERLAN	ID	21/2 DAYS		CUMBE	RLAND			0	1-1
		AL OR INSTITUTION (If no		give street oddress)	d. STREET A	DDRESS				e. 15 R	ESIDENCE A FARM?
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NAME O		Fir	st	Middle	Lost	4	DATE	Mon	th	Doy	Year
Type or	print)	EUGENIA		Hortense	POLI	NG	OF DEATH	ОСТОВ	ER	8.	19 67
. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BI	RTH	9. AC	GE (In years est birthdoy)	IF UNDER 1		DER 24 HRS
FEMA	LE	WHITE	WIDOWED	DIVORCED (	10-2	45 187	76 "	90 yrs.	Mounts	Doys Hou	ırs Min.
		(Give kind of work done		ND OF BUSINESS OR	11. BIRTHPL	ACE (County & S	tate, or foreigr	country)		IZEN OF WHAT	
	us eur	ife, even if retired)		oustry un home	Gree	ensprin	g, W.	Va.	(00	JNTRY? U	SA
3. FATHER	'S NAME				14. MOTHER	S MAIDEN NAM	AE .				
11111		JOHN P.	Ullum		SUS	AN WAI	RU				
S. WAS DE	CEASED EVE	CORNER CAMER SILINE	14 1	SOCIAL SECURITY NO.	17. INFORMANT	at the		Addr			1.400
No	onknown)	(If yes give wor or dotes o	1 Service)	None	MEM	ORIAL	HOSP	ITAL,	CUMBE	RLAND	, MD .
1B. CA	USE OF DE	ATH (Enter only one cou		(o), (b), and (c).)	(1)	0.0	1	Va	in hi	INTERVAL	
P	'ART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(0) Ci	1 Sell	CIM	Alex	chro	ali	The	ONSET AN	D DEATH
7	11/	DUE	TO 2/2	0	(1)	<u></u>	1	0	6		
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last.		)	(c)								
PART II	I. OTHER SIG	GNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMINAL	DISEASE CONDI	TION GIVEN IN	PART 1(o)		19. WAS A	AUTOPSY ORMED?
<u> </u>					-					YES 🗌	NO Z
		UNDERLYING □ □ CAUSE OF DEATH	20b. DE	ESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1							14.
I UF FILM		MEDICAL EXAMINER)						-			
20c. TI	ME OF INJU	RY Month, Doy, Yeor			PLACE OF INJURY foctory, street, office		20f (G	ity or town)	(Cour	nty)	(Stote)
THE STATE OF THE S	p.m	10	While of work		TOCIOTY, STIEGH, OTTH	ce blog., etc.)	In	who	-lM	ed 1	100
			pitol) attend	ded the deceased from	n4/1//2	* , 19_	, to	10/8/	25/19_	that (I)	(we) lo
		ceased alive an	100	19, and	that death acc	urred at 1	2:4% fr	An druses	and on the	e date sto	ted obav
220. 5	IGNATURE	Tul	01		ATTENDIN	G ME	D	STAFF _		TE SIGNED	3
/	/ )	1/048	ha	una	M.D. PHYS.	LA DII	RECTOR $\square$	PHYS.	10,	196	-/
	HYSICIANS IAME (Fype)			OMC	22d. AD	CUMBER	LAND	-MARY	LAND	-	
			WILL			COMPLA					
	L, CREMATIO (AL (Specify)			23c. NAME OF CEMETERY				ON (City or To		(County)	(Stote)
	- 0		/67	Rose Hill	remetery	00- 0500		erland			
	AL DIRECTOR	e George Cu	unh a to a	ADDRESS		DATE OCT	REGISTRAR	67 25b. R	STATE OF THE PARTY	UNATURE	gr.
110	wayn	e devige co	unuella	urid, Mid.		DATEUUI	7 0 10	7 //		U	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completer filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Proper 2 and 2 should be detached for use os the burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

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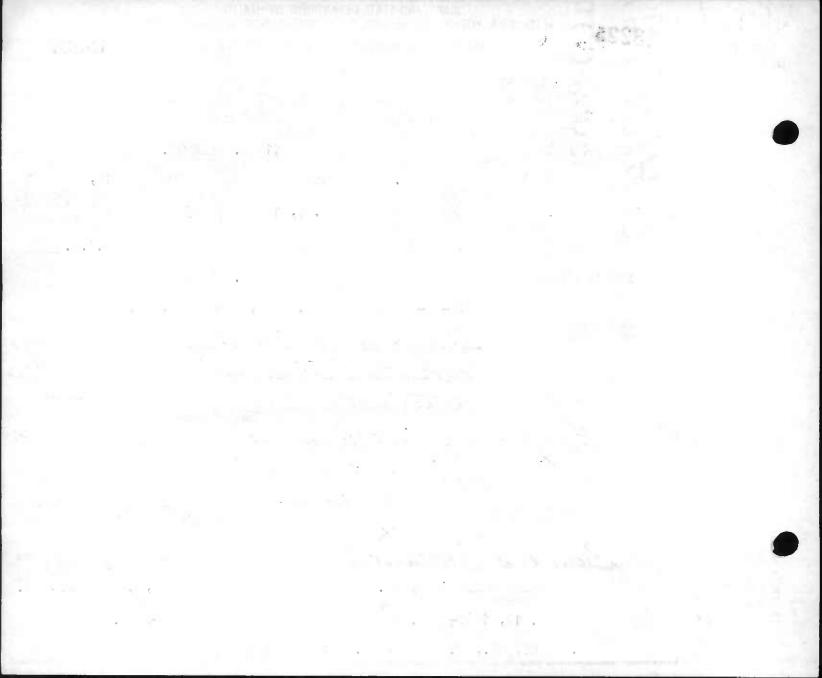
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1322	4	T+ am #6	CERTIFI	CATE	OF DEATH			1.3	1226	
1.	a. COUNTY	H llegany		MARYI	AND	2. USUAL RESIDENC a. STATE Md.		ed lived, If insti b. COUNT	v	esidence befor	e admission)
	b. CITY OR TOW Write RURAL rural Ba	N (if outside corpo and give nearest terton	rate limits, own)	c. LENGTH OF STAY		c. CITY OR TOWN (If rural Bar		ate limits, write	B RURAL	and give ne	arest town)
	d. NAME OF HO	SPITAL OR INSTITUT	ION (if not in	hospital, give street a	idress)	d. STREET ADDRESS					RESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Ray	First	Middle Alton		Last eston	4. DATE OF OEATH	Month Oct.	17	Day	Year 1967
	sex Tale	6. COLOR OR RAC	F 7. MARRIE	NEVER MARRIED  DIVORCE		pril 29, 19	la			Days Ho	
10a	a. USUAL OCCUPAT	TION (Give kind of wo king life, even if reti	rk done 10b.	KIND OF BUSINESS OR INDUSTRY ofing	, , , ,	11. BIRTHPLACE (Co Allegany 14. MOTHER'S MAID	ounty & State, or -Maryla			TIZEN OF W	нат
15 (Y	. WAS DECEASED	EVER IN U.S. ARMED (If yes give war or date	s of service)	6. SOCIAL SECURITY NO 7-05-0773		Amey Metz INFORMANT ta Preston-	Barton,	Address Md.	17	7. 1.	
		EATH WAS CAUSED IN IMMEDIATE CAUSED IN DUANN, which Immediate tating the Duant Immediate		r line for (a), (b), and (c ute local covary & nevalye		ufficien	lusio Lusio Leosis	<b>N</b>			BETWEEN ND DEATH
CERTIFICATION	A ACCIDENT	WAS UNDERLYING ING CAUSE OF DITTY MEDICAL EXAM	Diale	DESCRIBE HOW INJUR	2.0	iu.				YES _	FORMED?
MEDICAL	20c. TIME OF Hour a.i p.		Whi	le Not While		E OF INJURY (Home, fai y, street, office bldg., et		y or town)	(Cour	nty)	(State)
		ceased alive on the state of th	Spital) after  Miles	ided the deceased fr		death occurred at	MED. DIRECTOR	the causes al		1	) (we) last ted above. G 7
238	Burial (Sp	ecify) 10/20		Salisbury		OR CREMATORY	Sali	rion (City, tow sbury		Pa	
24	. FUNERAL DUR	Bull	W	ADDRESS esternport,	Md.	DATE C	T 2 0 19			S SIGNATUR	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fifted in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2-should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 3.24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

40000	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120
13226	CERTIFICATE OF DEATH

	13220
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. COUNTY ALLEGANY MARYLAND	o. STATE MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
CUMBERLAND 3 DAYS	CUMBERLAND 0/-/
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL	572 MC MULLEN HIGHWAY YES NO TE
3. NAME OF First Middle	Last 4. DATE Manth Day Year
OFCEASED (Type or print) ELMER MARSHETT.	ROBOSSON DEATH OCT. 8, 19 67.
,	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
MALE WHITE WIDOWED DIVORCED	11-14-1919 47 yrs.
1Da. USUAL OCCUPATION (Give kind of work done duging most of warking life_even_if_retired)	11. BIRTHPLACE (County & State, or fareign country)  12. CITIZEN OF WHAT COUNTRY 2
Employee- Kelly Springfield Tire Co.	MARYLAND COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS P. ROBOSSON	ANNA R. ROBINETTE
(Yes, ng. grunknown) (If yes give war ar dates of service)	INFORMANT Address
NO 217-10-5911	MEMORIAL HOSPITAL - CUMBERLAND MD
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	of the ting ONSEL AND DEATH
163X BUETO 11	- 10 + 110 Par Qual
Canditions, if any, which gove (b) (b)	stases to the voun I many
stating the underlying couse	
last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?
CATIC	YES NO D
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II of item 1B.)
	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) (City ar tawn) (County) (State)
p.m. 19 at wark at wark	10 - 10 0 land
21. I certify that (I) (this haspital) attended the deceased fram.	19 6/, ta 10-8 , 196 /, that (I) (we) last
	at death accurred at 7:25M, ArarM causes and an the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
M. DUVELLANCE	D. PHYS. DIRECTOR PHYS. 10/9/0/
22c. PHYSICIAN'S NAME(Type)DR. I. DROSS	CUMPEDI AND ME
230. BURIAL (REMATION, RANOVAL (Specify) 10/11/67 Hillcrest Bu	(5,515)
Buriat"   10/11/67   Hillcrest Bu	8 0
	250. RECD BY REGISTRAR 196725b. REGISTRARS, SIGNATURA
H. Lee Silcox Cumberland, Maryland 2150	O2 DATE DATE

			*1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
n	DIALLY RANGE		YIMABAJJA
	COMBERLAND	3 DAYS	
HOTH M	572 MC NULLE		MENGELAL HOSPITAL
.TOO	NOS ES	Jackson	93/1/3
	\$n=1_2121-11-11		WIT STIME TO BURN
	MARYLAND	, 60 orti 166	ofanisia strat -savidas
- 31	ANNA R. ROFINET		THOMAS P. TOBOSSON
SKUP -	JATTERON JATEONS		

. OH , JUA 153

456 u. centre st

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban-papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3227 CERTIFICATE OF DEATH

13229

			CERTILIT	CAIL	OI DEATH						
1. PLACE OF DEATH					2. USUAL RESIDENCE (	Where dece			nce befar	e admissio	on)
a. COUNTY ALLE	EGANY		MARYL	AND	o. STATE MA	RYLA	ND b. cou	A YTM	LLE	GANY	,
L CITY OF TOWN	If outside cornerate limit	s,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If at	utside corpa	rate limits, write RU	RAL and gir	ve neares	t tawn)	
CUMF	d give nearest town) BERLAND		30 DAYS	5	CL	JMB F R	RLAND. M	D.		0	1-1
d. NAME OF HOSPIT	TAL OR INSTITUTION (If n	at in haspital, g	rive street address)		d. STREET ADDRESS					e. IS RESID	DENCE
MEMO	DRIAL HOSE	PITAL			102 HIL	LCRE	ST RD.			ON A F	NO [
3. NAME OF DECEASED		irst	Middle		Lost	4. DATE	Mon	th	Doy	Yeo	ar
(Type ar print)	ES'	THER	C	5.71	RUNYAN	OF DEAT	н О	CT	1(	0 19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ 8	. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER Months	1 YEAR Days	IF UNDER Hours	R 24 HRS
FEMALE	WHITE	WIDOWED	DIVORCED		8-11-23		44 yrs.	MOIIIIS	υσγς	HOURS	Min.
10a. USUAL OCCUPATION during most of working	N (Give kind af wark dane life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County				ITIZEN OF DUNTRY?		. ^
HOUSE  13. FATHER'S NAME			HOME.		PITTS,  14. MOTHER'S MAIDEN		OLZWORTH			0.5	.A.
CHARLES		NGSTON MXXXXXX			VIRGIN		OLZWORIN				
IS. WAS DECEASED EVI	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. II	NFORMANT		Addr				
(Yes, no, arunknawn)	(If yes give war ar dates of		5-12-7/.12	N	MEMORIAL H	IOSP I	TAI C	UMBE	RI AI	ND M	4D
	EATH (Enter only one car				ILTIONTAL T	1001 1	125	OTTOL		ERVAL BET	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	7	BOSANC	an	a _				ON:	SET AND D	DEATH
180×	DUE	101		1					7	>	
Conditions, if any	, which gave )	(b) Pri	man in	lu	Ines ta	t -					
rise to immediate		//		Λ							
last.	arrang coose	(c) Den	eralize	do	utas ta	ŝ					
PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT KELA	TED TO T	HE TERMINAL DISEASE CO	NDITION GIV	VEN IN PART 1(a)		19.	WAS AUTO	OPSY
TIOL									Y	PERFORM ES 12	NO [
20g. ACCIDENT WA		20b. DE	SCRIBE HOW INJURY OCC	URRED. (	Enter nature of injury in	Port I or Po	art II of item 18.)				
OR CONTRIBUTING	MEDICAL EXAMINER)										
20c. TIME OF INJ	URY Manth, Day, Year	20d. IN	JURY OCCURRED		E OF INJURY (Home, farn		(City or town)	(((	ounty)	(	(State)
Hour 'a.	m. m 19	While at war	Not While	facto	rry, street, affice bldg., etc.	)		,			
21   certi	fy that (1) (this has			ram 7	-10-67	19	ta /0/10	16 10	th	at (I) (	we) In
	eceased alive an_		67 19, ar	nd that	death occurred lai			and an I	he date	e stated	abov
220. SIGNATURE		1/	1						ATE SIGN		
106	omas	d Cen	m	M.D	ATTENDING PHYS.	DIRECTOR	STAFF PHYS.	110	1141	16-	7
22c. PHYSICIAN'S NAME (Type		MAS F.	LUSBY		22d. ADDRESS LA VAL	E, M	1D .	1	/	/	
23a. BURIAL, CREMATIO	DN, 23b. DATE TH	EREOF	23c. NAME OF CEMET	ERY OR (	REMATORY	23d. I	LOCATION (City or To	wn)	(County)	) (5	itote)
BEMOVAL Specify		1967			tional Cem.		inchester	,	deri	, , ,	Va
24. FUNERAL DIRECTO	RIPLA	Mas.	ADDRESS			BY REGIS		CISTRAR'S	SIGNA (DE	Edge	
John J	Hafer Sr	230	Bayto Ave	Cumb	erland NOC	13	1901	Je Je	1	0	

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LA VALE. NO.

WHEN DR. THOMAS F. LUSBY:

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	1322
ALTH DEPT.	I. PLACE OF DEATH

PM3. Page

in pencil in Item 18. Give Pages

This certificate shauld be executed within 24 hours after death.

'pending"

necessary, please execute the certificate, writing the ward TAL EXAMINER:

TO DEPUTY

delay is 2, and 3 ta epartment of

State

Health or its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 hours ofter death.

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form

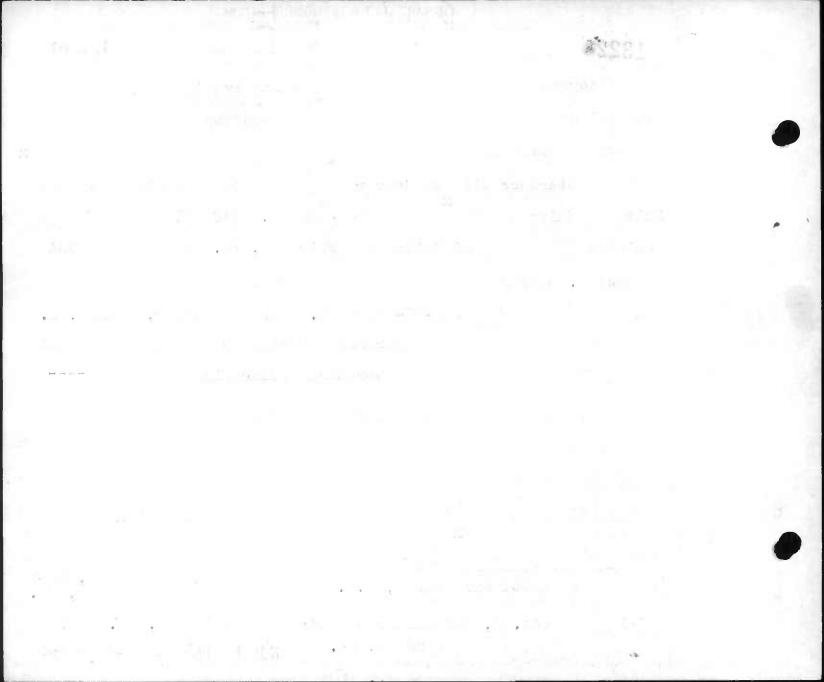
5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13230

I. PLACE OF DEATH										
			2. USUAL RESIDENCE	(Where deceased lived, if institut	ian: Residence befare admissian)					
A.	llegany	MARYLAND	Penn	o. STATE Pennsylvania b. COUNTY Bedford						
	(If outside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF a	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)						
	and give nearest town)	DOA		yndman	75-3					
0	PITAL OR INSTITUTION (If not in I		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
	rial Hospita				YES NO 🛣					
3. NAME OF DECEASED (Type or print)	Clarence	William Sarver	Last	4. DATE Mant	Day Year Der 25, 1967					
S. SEX	6. COLOR OR RACE 7. /	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS					
Male	White w	/IDOWED DIVORCED D	June 16.	1910 57 yrs.	Months Days Hours Min.					
	ON (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT					
Machini	ng life, even if retired)	B&O Railroad	Fairhope	, Pa. RD#1	12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME			14. MOTHER'S MAIDEN							
Ros	M. Sarver		Tvan	a Miller Sar	ver					
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 12	7. INFORMANT	Addre						
No No	(If yes give war ar dates af serv		Mng. Clan	ence Sarver,	Hundman Pa					
	DEATH (Enter anly one cause pe		THIS VIGI	CHOO Dai voi	INTERVAL BETWEEN					
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coron	ary Occlu	sion	Sudden					
4201	DUE TO		, , ,		Daddon					
	ny, which gave ) (b)	Cor	onary Scl	erosis						
rise to immedi	ate cause (a), (		7							
	renifing couse [									
last.	) (c)									
PART II OTHER	) (c) _ SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY					
PART II OTHER		IBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	PERFORMED?					
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRI				PERFORMED?					
PART II. OTHER  20g. EXTERNAL PRIMARY Gr	SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED T			PERFORMED?					
PART II. OTHER    PART   PART	SIGNIFICANT CONDITIONS CONTRI CAUSE WAS ONTRIBUTING	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of item 18.)	PERFORMED? YES NO					
PART II. OTHER  200. EXTERNAL PRIMARY Or Or CAUSE OF DEATH 170	SIGNIFICANT CONDITIONS CONTRI  CAUSE WAS CONTRIBUTING   JURY Month, Day, Year O.m.	20b. DESCRIBE HOW INJURY OCCURRE  20d. INJURY OCCURRED 20e. II While Not While		Part I ar Part II of item 18.) m, 20f. (City or town)	PERFORMED?					
PART II. OTHER  200. EXTERNAL PRIMARY OF OF  CAUSE OF DEATH  YOU Hour	SIGNIFICANT CONDITIONS CONTRI CAUSE WAS CONTRIBUTING [] I. IJURY Month, Day, Year D.m. 19	20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Nat While at work 20 to work	D. (Enter nature of injury in PLACE OF INJURY (Hame, far factory, street, affice bldg., etc	Part I ar Part II of item 18.) m, 20f. (City or town)	PERFORMED? YES NO X					
PART II. OTHER  200. EXTERNAL PRIMARY Or O CAUSE OF DEATH POOR 20c. TIME OF II Hour  21. I cert	SIGNIFICANT CONDITIONS CONTRI CAUSE WAS ONTRIBUTING  I.  JURY Month, Day, Year D. m. 19 ify that I took charge of	20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While at work of work the remains described above,	PLACE OF INJURY (Hame, far factory, street, office bldg., etc.	Part I ar Part II of item 18.)  m, 20f. (City or town)  Inspection 18. Inqu	(Caunty) (State)					
PART II. OTHER  200. EXTERNAL PRIMARY Or O CAUSE OF DEATH POOR 20c. TIME OF II Hour  21. I cert	SIGNIFICANT CONDITIONS CONTRI CAUSE WAS CONTRIBUTING [] I. IJURY Month, Day, Year D.m. 19	20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While at work of work the remains described above,	PLACE OF INJURY (Hame, far factory, street, affice bldg., etc held an Autopsy, uicide, Hamicide	Part I ar Part II of item 18.)  m, 20f. (City or town)  Inspection , Inque	(Caunty) (State)					
PART II. OTHER  200. EXTERNAL PRIMARY OF ICAUSE OF DEATH Hour  20c. TIME OF II Hour death resu	CAUSE WAS ONTRIBUTING   J.  JURY Month, Day, Year o.m. 19  ify that I took charge of Jited fram: Natural ca	20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While at work of work the remains described above,	PLACE OF INJURY (Hame, for factory, street, affice bldg., etc. held an Autopsy, uicide, Hamicide	Part I ar Part II of item 18.)  m, 20f. (City or town)  Inspectian , Inque , Undetermined m	(Caunty) (State)					
PART II. OTHER  20g. EXTERNAL PRIMARY OF 1CAUSE OF DEATH CAUSE OF DEATH 20c. TIME OF II Hour  21. I cert death resu	CAUSE WAS CONTRIBUTING CONTRIBUTION CONTRIBU	20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED While at work of work the remains described above, suses Accident , S	PLACE OF INJURY (Hame, far factory, street, affice bldg., etc.  held an Autopsy, uicide, Hamicide	Part I ar Part II of item 18.)  m, 20f. (City or town)  Inspection 3, Inque  In	(Caunty) (State)  VIEW And in my opinion anner   22. DATE SIGNED					
PART II. OTHER  200. EXTERNAL PRIMARY OF ICAUSE OF DEATH  20c. TIME OF II Hour  21. I cert death resu	CAUSE WAS CONTRIBUTING CONTRIBUTION CONTRIBU	20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While at work of work the remains described above,	PLACE OF INJURY (Hame, far factory, street, office bldg., etc. held an Autopsy, uicide, Hamicide 	Part I ar Part II of item 18.)  m, 20f. (City or town)  Inspection 3, Inque , Undetermined m L EXAMINER DICAL EXAMINER 1	(Caunty) (State)  Diry [X], and in my opinion anner   22. DATE SIGNED  25. 1967					
PART II. OTHER  200. EXTERNAL PRIMARY OF ICAUSE OF DEATH  20c. TIME OF II Hour  21. I cert death results ignature  EXAMINER'S NAME (Type)	CAUSE WAS ONTRIBUTING    JURY Month, Day, Year On. 19  ify that I took charge of Jited fram: Natural ca  BENEDICT	20b. DESCRIBE HOW INJURY OCCURRED While Not While at work of work the remains described above, uses A. Accident , S  SKITARELIC, M.	PLACE OF INJURY (Hame, far. factory, street, affice bldg., etc.) held an Autopsy, vicide, Hamicide, Hamicide, CHIEF MEDICAL DEPUTY MEDICAL Address (Street	Part I ar Part II of item 18.)  m, 20f. (City or town)  Inspectian , Inque , Undetermined m L EXAMINER DICAL EXAMINER TALEXAMINER TALEXAMI	(County) (Stote)  viry [X], and in my opinion anner   22. DATE SIGNED  25, 1967  aberland, Md.					
PART II. OTHER  20g. EXTERNAL PRIMARY OF CAUSE OF DEATH 20c. TIME OF II Hour  21. I cert death resu SIGNATURE EXAMINER'S NAME (Type)  23g. BURIAL, CREMA	CAUSE WAS ONTRIBUTING    JURY Month, Day, Year O.m. 19  ify that I took charge of Jited fram: Natural ca  BENEDICT  TION, 23b. DATE THEREOF	20b. DESCRIBE HOW INJURY OCCURRED While Nat While at work of work the remains described above, uses 4. Accident 5. SKITARELIC, M.  23c. NAME OF CEMETERY C.	PLACE OF INJURY (Hame, fare factory, street, affice bldg., etc.)  held an Autopsy,  uicide, Hamicide CHIEF MEDICAL  ASSISTANT ME DEPUTY MEDIC Address (Street  DR CREMATORY	Part I ar Part II of item 18.)  m, 20f. (City or town)  Inspectian , Inque , Undetermined m L EXAMINER DICAL EXAMINER  Octo 21, city, town, ar county) Cum  23d. LOCATION (City or Town)	(Caunty) (Stote)  VIEY (Stote)					
PART II. OTHER  200. EXTERNAL PRIMARY OF ICAUSE OF DEATH  20c. TIME OF II Hour  21. I cert death results ignature  EXAMINER'S NAME (Type)	CAUSE WAS ONTRIBUTING    JUNEY Month, Day, Year o.m. 19  ify that I took charge of Jited fram: Natural ca  BENEDICT  TION,  (5)  Oct. 28	20b. DESCRIBE HOW INJURY OCCURRED While Not While at work of work the remains described above, uses A. Accident , S  SKITARELIC, M.	PLACE OF INJURY (Hame, farifactory, street, office bldg., etc.) held an Autopsy, uicide, Hamicide	Part I ar Part II of item 18.)  m, 20f. (City or town)  Inspection , Inque  Inq	(County) (Stote)  viry [X], and in my opinion anner   22. DATE SIGNED  25, 1967  aberland, Md.					

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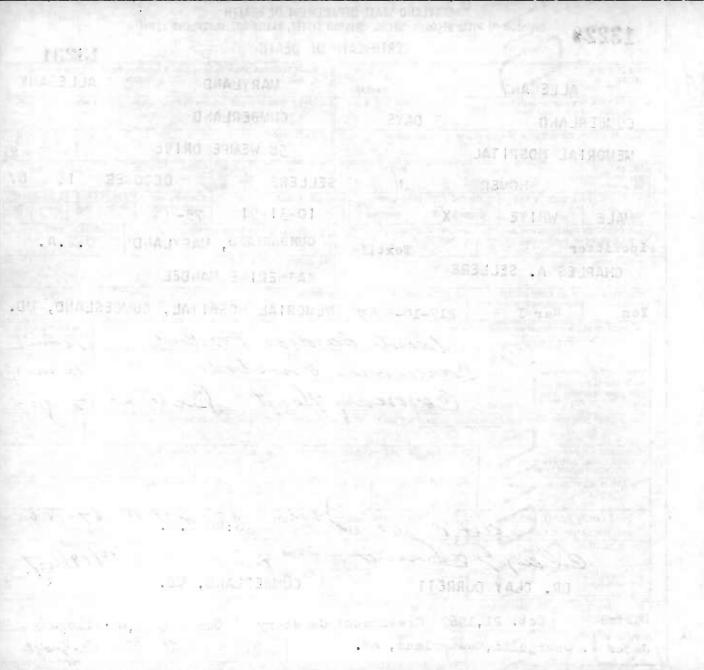


### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICAT	13231
1. PLACE OF DEATH  a. COUNTY  ALLEGANY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  CUMBERLAND  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  CUMBERLAND
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  MEMORIAL HOSPITAL	d. STREET ADDRESS  58 WEMPE DRIVE  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
3. NAME OF First Middle DECEASED (Type or print) HOME R N	SELLERS 4. DATE OCTOBER 18 19 67
S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  DIVORCED	8. DATE OF BIRTH  10-31-91  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   10b. KIND OF BUSINESS OR INDUSTRY   Textile	11. BIRTHPLACE (County & State, ar fareign country) CUMBERLAND, MARYLAND 12. CITIZEN OF WHAT COUNTRYS. A.
13. FATHER'S NAME CHARLES A. SELLERS	14. MOTHER'S MAIDEN NAME KATHERINE MANDEL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) Yes  War I  16. SOCIAL SECURITY NO. 217-10-5343	MEMORIAL HOSPITAL, CUMBERLAND, MD.
18. CAUSE OF DEATH (Enter only one cause per line far (a), (b) gnd (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause  DUE TO  DUE TO	Pardiae Failure INTERVAL BETWEEN ONSET AND DEATH  Parostate 4ms
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur a.m.  20d. INJURY OCCURRED Haur a.m.	. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 4 While 19 at work 19 at work 19	ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.)  20f. (City or tawn) (County) (Stote)
21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an	at death accurred at 6:40M, from causes and an the date stated above
	D. PHYS. MED. STAFF 22b. DATE SIGNED 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) DR. CLAY DURRETT	22d. ADDRESS CUMBERLAND, MD.
230. BURIAL, CREMATION, BRIMOVAL (Specify)  Oct. 21,1967  Greenmoun	t Cemetery Cumberland Md Allegany
James F. Scarpelli, Cumberland, Md.	DATE OCT 2 4 1967 Clisales Judge

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages I and shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 hours afterward



# FOR STATE HEALTH DEPAT Poge any deloy is and 3 to

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land2 with the State Department of 50 9 Health prior to buriol, cremation, or removal, and in ony event within 72 hours after death.

VR A15ME (5)

the funeral director. Page 4 should be forwarded to the Chief Medical Exominer's Office along with form PMA necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

13230

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13232

o. COUNTY Allegany  b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  Cumberland, d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  O. STATE Maryland b. COUNTY Allegan  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  Cumberland, d. STREET ADDRESS  Memorial Hospital  O. STATE Maryland b. COUNTY Allegan  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  Cumberland, d. STREET ADDRESS  833 Columbia Ave.  YES  NAME OF  O. STATE Maryland b. COUNTY Allegan  Allegan  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  Cumberland, d. STREET ADDRESS  833 Columbia Ave.  YES  ON TOWN (If outside corporate limits, write RURAL ond give nearest town)  Cumberland, d. STREET ADDRESS  833 Columbia Ave.  YES  ON TOWN (If outside corporate limits, write RURAL ond give nearest town)  ON TOWN (If outside corporate limits, write RURAL ond give nearest town)  Cumberland, d. STREET ADDRESS  833 Columbia Ave.  YES  ON TOWN (If outside corporate limits, write RURAL ond give nearest town)  ON TOWN (If outside corporate limits, write RURAL ond give nearest town)  Cumberland, d. STREET ADDRESS  833 Columbia Ave.	O / -/								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)  Cumberland,  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  Memorial Hospital  c. LENGTH OF STAY IN 1b  5 days  Cumberland,  d. STREET ADDRESS  833 Columbia Ave.  YES	O / · /								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  Memorial Hospital  Memorial Hospital  Memorial Hospital  Cumberland,  d. STREET ADDRESS  833 Columbia Ave.  YES	O / · /								
Memorial Hospital 833 Columbia Ave. YES	IS RESIDENCE								
Memorial Hospital 833 Columbia Ave. YES	ON A FARM?								
3 NAME OF First Middle Lost 4 DATE Month Dov									
	Year								
(Type or print) Arley Delbert Sherman DEATH October 30.	19 67								
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors I IF UNDER TYEAR II	F UNDER 24 HRS.								
Male White WIDOWED \( \) DIVORCED \( \)   Vec. 21, 1889   77 yrs.	Hours Min.								
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF W	/HAT								
during most of working life, even if retired) Ret. boilermaker B. & O. Rwy. Barbowr Co. W. Va. COUNTRY? U. S. A									
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
William E. Sherman Catharine Bolyard									
15 WAS DECEASED EVED IN ILS ADMED EDDOES? 16 SOCIAL SCRIPTIVINO 17 INFORMANT Address									
(Yes, po, or unknown) (If yes give wor or dotes of service) 705-12-4708 Mrs. Gilbert Markwood 833 Columbia Av	ia.								
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	VAL BETWEEN								
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  Cerebral Hemorrhage  PNSE									
1 443 X DUE TO									
	ars								
rise to immediate couse (a), stating the underlying couse DUE TO	The Grand								
lost. (c)	L 1 F 3 B								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	AS AUTOPSY								
Q E YES	ERFORMED?								
PE 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  PRIMARY Or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)									
PRIMARY  or CONTRIBUTING  cause of Death.									
3 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)								
Hour o.m. While Not While foctory, street, office bldg., etc.)									
p.iii. 17 Otwork — Otwork —	n my apinian								
	i my apiman								
deoth resurred from: Natural causes [A, Accident ], Suicide [], Homicide [], Undetermined manner []	deoth resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner								
ACTUAL 1 + A X + T   1   1   22.	DATE SIGNED								
SIGNATURE SENDENCE SECTION MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU	1								
2 RAMINER'S NAME (Type) Benedict Skitarelic, M. D. Address (Street, city, town, or county) Cumberland, N									
1 /30 BURIAL I REMAILUN 1 /30 DAIE PERRUP 1 /30 NAME OF CEMELER OR EREMAIURE 1 /30 DUALUN ILLIY OF IOWN	(0.010)								
- DEMOVAL (Consile)	· Md								
Behind (Eperity)  11/2/67  Rose Hill Cemetery  250. REC'D By REGISTRAR 250. REGISTRAR'S SIGNATURE  H. Wayne George Cumberland, Maryland  Date NOV 6  260. REC'D By REGISTRAR 250. REGISTRAR'S SIGNATURE  Date NOV 6	Md.								

the consent.

Pec, 25, 1177 177

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12222

									TO	WOOD.	
	CE OF DEATH					TATE	,	ased lived, if instit		e before odmissi	ion)
0. (	ALL	EGANY		MARYLAND	0.	MARY	LAND	b. CO	AL	LEGANY	
		f outside corporate limits,		c. LENGTH OF STAY IN 1b	c. CIT	OR TOWN (If	outside corpor	rote limits, write R	URAL ond give	neorest town)	
	CUM	BERLAND		36 DAYS		CUMB	ERLAND	)		0	1-1
d. N	NAME OF HOSPITA	AL OR INSTITUTION (If not in	n hospital, g	ive street oddress)	d. ST	REET ADDRESS			1	e. IS RES	
	SAC	RED HEART HO	SPITA	L		133	1/2 N.	CENTRE	STREET	YES	NO X
3. NA		First		Middle		Last	4. DATE OF		nth		ear
(Typ	CEASED pe or print)	DELCIE		S.		ITH	DEATH			17 19	67
S. SEX		6. COLOR OR RACE 7.	. MARRIED	NEVER MARRIED		OF BIRTH		9. AGE (In years lost birthdoy) 58 yrs.	Months 1	YEAR IF UNDE	R 24 HRS. Min.
	EMALE		WIDOWED	A		-2-09					
10o. US	MAL OCCUPATION	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY	11.B	RTHPLACE (Coun	ty & Stote, or f	oreign country)		ZEN OF WHAT JNTRY?	
M	ACHINE	OPERATOR	CEL	ANESE CORP.		LK GARD		VA.		S.A.	
13. FA	ATHER'S NAME					OTHER'S MAIDE					
		SOLLARS				LIZABET		JRPHY )			
		R IN U.S. ARMED FORCES? (If yes give wor or dotes of se	ervice)		17. INFORM			ACRED HE			
N	10		21		OSPIT	AL RECC	RD- 90	OO SETON	DRIVE.		
18	8. CAUSE OF DE	ATH (Enter only one couse 'H WAS CAUSED BY:			/	-	3			INTERVAL BE	
	PAKI I. DEAI	IMMEDIATE CAUSE (o)	_ 4	EPATO - RE	NAL	FAILL	KE			Fun	1
	10/1	DUE TO		ETACTAR	A #	M 3 M M		1			
	onditions, if ony, se to immediote	e couse (a)		ETASTASIS	0/-	LITECI	NERI	7		4 5 .004	4.1
st	oting the under	lying couse DUE TO	6. 1	RCINOMA	OF	STAM	21116	ADVAN	CIED	SEVERA NONT	
-	st.	) (c)								19. WAS AU	
S P	ART II. OTHER SIC	GNIFICANT CONDITIONS CON	IRIBUTING T	O DEATH BUT NOT RELATED	IO IHE TER	MINAL DISEASE (	ONDITION GIV	VEN IN PART I(a)		PERFOR	MED?
CERTIFICATION	A CCIDENTIA	LINDER IVING ET	1 001 55	SCHOOL HOW BUILDY OSCILLA	NED /F		- D-41 - D	-4.0 -6.5		YES	NO [
E 0		CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCUR	(ED. (Enter r	ature of injury	in Port I ar Po	ort II of item 1B.)			
- 1		MEDICAL EXAMINER)	1 004 1	THIRDY OCCUPANTS	DIACE OF II	IIIDV /Name I	orm.   20f.	(City or town)	(Cou	nhvl	(Stote)
MEDICAL	Oc. TIME OF INJU Hour o.n		While	Not While		IJURY (Home, fo et, office bldg., e		(CITY OF TOWN)	(cou	111/	(Siore)
~	p.n		ot worl	c ot work	12	1-11	10 /- /	100-10	10/-	7 4 40	1
		y that (1) (this hospit	tal) attend	ded the deceased from	that do			M, from cause		7, that (I)	
-	saw the de	eceased alive an	0-1	= 19.50 /, dnd	mai deat	uccurred .	u12	m, nom couse		TE SIGNED	W UDOV
2	ZZU. SIGNATUKE	Richard	Set	indle 1		TENDING YS.	MED. DIRECTOR	STAFF PHYS.		20-19	67
-	22c. PHYSICIAN'S		SICV	erice							-/-
1	NAME (Type)	DR. R. SCHII	NDLER		100	69 GREI	ENE ST	., CUMB.	, MD, 2	21502	
23n. F	BURIAL, <del>CREMATI</del> O	IN. 23b. DATE THERE	OF	23c. NAME OF CEMETERY	OR CREMA	ORY	23d	LOCATION (City or	Town)	(County)	(Stote)
لبر	REMOVAL (Specify)	10-19-6		1111		1		SIKGArder		1	Wa.
	FUNERAL DIRECTO		0/	HArtsmansville		250. RE	C'D BY REGIS		REGISTRAR'S SI		DU.
		FUNERAL HOME	. KITZ	MILLER, MAR'	LAND		OT 9 C	1967	Milane	as Juda	R.

haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.

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S STREET X	1/2 M. CELTAL	133		SPITAL	RED HEART HO	S 10
17 7		STITH	. S		DELCIE	
	53	10-2-09		χ	V-HITE	FEMALE
U.S.1.	.41,130	EL'<-1.14	SE CORP.	CELANE	ROTARESO	3 11 FO/1.
EART HOSPITAL W DRIVE, CUM., MD.			3- 767 113	C-016	SOLLARS	JAMES H.
	54			مرد		
		12	7			
		-	d lang		J. Later C.	
., 10. 21502	ENE ST., CUMB	200 00		NOLER	DR, R. SCHII	

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	132	38			CERTIF	FICATE	OF DEATH	,	1	3234
	I. PLACE OF a. COUNT	F DEATH	llegan	y	MAR	YLAND	CTATE	Where deceased lived, if institution b. CO	LINITAL	before odmission)
	b. CITY O	R TOWN (If outside RURAL and give no moder 18	e corparate limits earest tawn)	,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au	tside corporate limits, write R	URAL and give	nearest tawn)
0		of Hospital or II gany C					d. STREET ADDRESS 147 Poll	c Street		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or	D print)	Mar	y 1	Margaret		Smith	OF Octobe		
	s. SEX Fema]	le Wh	OR OR RACE	7. MARRIED WIDOWED	and the same of th		6/6/1887	9. AGE (In years Bast birthday) yrs.		Days Haurs Min.
	Reting most of		if retired)	anford	ND OF BUSINESS OR PUSTPY 1 Cleani	ng	Ohio	& State, or foreign country)	U. COU	
		vid Twi	gg			137	14. MOTHER'S MAIDEN N	数据数据 That one		Pittman
	(Yes, no, ar u	CEASED EVER IN U.S. Inknown) (If yes g No	ive war ar dates a	f service)	4-05-6985	Al	legany Co	unty Infirm	ary re	cords.
		USE OF DEATH (En ART I. DEATH WAS		M	(a), (b), and (c).) Lute Our	Vio-	vascular a	recident		ONSET AND DEATH
	Conditio	ons, if ony, which on the course immediate course	(0)	(b) alle	eta C.V.A	I a A	Emiplegia	At.		Hyrs.
	stoting last.	the underlying co	ouse )	(c)	arterio	- Se	lerosis		grany	years
2	SATION N	32	uile i	arteri	io Scheros	sis		IDITION GIVEN IN PART 1(0)		9. WAS AUTOPSY PERFORMED? YES NO
	200. ACC OR CONT (IF EITHE	CIDENT WAS UNDER TRIBUTING (CAUS ER, NOTIFY MEDICAL	E OF DEATH EXAMINER)					Part I or Part II of item 1B.)		
	WED	ME OF INJURY Mai Haur a.m. p.m.	19	While at work		focto	E OF INJURY (Hame, farm ary, street, affice bldg., etc.)		(Coun	
	sav	21. I certify that (I) (this haspital) attended the deceased fram 12/2/63, 19, to10/23/67, 19, that (I) (we) las saw the deceased alive an 10/23/67, 19, and that death accurred at P. M., fram causes and an the date stated above 220. SIGNATURE								
		220. SIGNATURE  ATTENDISC MED.  PHYS.  22b. DATE SIGNED  22b. DATE SIGNED  22c. PHYSICIAN'S  22d. ADDRESS  22d. ADDRESS								
=		AME(Type) /J	ohn A.		er, M. D		Memoria	1 Hospital,		rland, Md.
-	REMOY	AL (Specify)	10/26/				Cemetery	Near Cumbe		Alleg Mod
1	70	bn T	tort.	536	Polto Arro	Caar	Md 250. Kitch		liarles	

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24-hours after death.

Page 4 moy be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filedway by the fur director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72-hours after

VR A15 (4) 20 M 1/66

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

#### CEDTICICATE OF DEATH

17777

13438	CERTIFICATI	OF DEATH		TOKOO
1. PLACE OF DEATH 0. COUNTY	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary	here deceosed lived, if institution: Reland b. COUNTY	sidence before odmission) Allegany
b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	6/9/1965	The second secon	side corporote limits, write RURAL once	give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp  Allegany County I		d. STREET ADDRESS	tur Street	e. IS RESIDENCE DN A FARM? YES NO
3. NAME OF First DECEASED (Type or print)	Myrtle	Steele	4. DATE Month OF DEATH October	Doy Year 18. 19 67
S. SEX Female  6. COLOR OR RACE White Wildow		B. DATE OF BIRTH 5/11/1883.		IDER 1 YEAR IF UNDER 24 HRS This Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSOWILE	OWN TO OME	11. BIRTHPLACE (County &	Stote, or foreign country) Saxton, Penna.	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  Jacob College		14. MDTHER'S MAIDEN N. Margare	t McLane	21502
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17.	Allegany Co	ox 599, Cumber I	and, Md.
1B. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY:  HMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  (c)	myread 3 An. Orlo	Thrombos uts wordows	~ <u>`</u>	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUT  OR CONT				19. WAS AUTOPSY PERFORMED? YES NO
	b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	ort I or Port II of item 1B.)	
B Hour o.m.		ACE DF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that (1) (this haspital) as saw the deceased alive an 1011	tended the deceased fram_ 19, and the		P. M, fram causes and a	197, that (I) (we) la in the date stated abov
22a. SIGNATURE	more M	ATTENDING -	AED CTACE	D/18/1967
NAME (Type) George M.	Simons, M. D.	Me	morial Hospita	
230. BURIAL, CREMATION, REMOVAL (Specify) 10/20/67	23c. NAME OF CEMETERY OR Hillcrest Bu	rial Park	23d. LOCATION (City or Town) Cumberland, Al	
24. FUNERAL DIRECTOR H. Wayne George Cw	mberland, Md.	2So. REC'D DATO CT	BY REGISTRAR 2Sb. REGISTRA  2 3 1967 PCLOS	R'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove corbag-pages. Pages 1 and should be filed with the State Dept. of Health prior to buriol, crematian, or removol, and in any event within 72 hours ofter death. VR A15 (4) 25M 1/67

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North Steele Lin October 12,

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

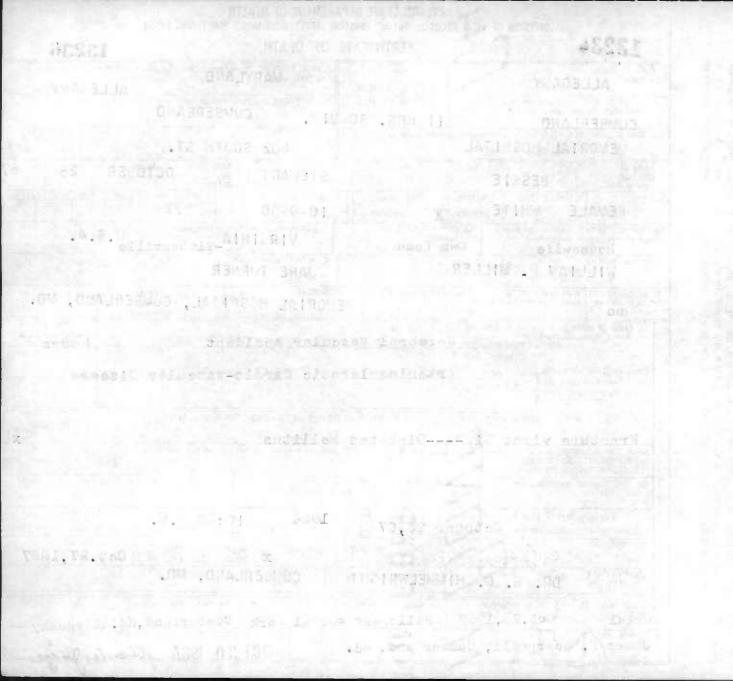
CERTIFICATE OF DEATH 12226

1967

_0.0			, L	0600
1. PLACE OF DEATH o. COUNTY ALLEGANY	2. USUAL I	RESIDENCE (Where deceased liv	red, if institution: Residence b. COUNTY	e before odmission)
	MARYLAND			EGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		TOWN (If outside corporate lin	nits, write RURAL and give	neorest town)
CUMBERLAND	RS. 30 MIN.	CUMBERL	AND	01-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street ac	idress) d. STREET	ADDRESS		e IS RESIDENCE
MEMORIAL HOSPITAL		402 SOUTH S	T.	ON A FARM? YES NO
3. NAME OF First	Aiddle	4. DATE	oc TOBER	Do25 Year 6
DECEASED (Type or print) BESSIE	Aiddle STEV	ARI OF DEATH	OCTOBER	19
S. SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED B. DATE OF E	IRTH 9. AGI	(In years   IF UNDER 1	
FEMALE WHITE WIDOWED TX	DIVORCED 10-9	9-90 los	t by týdoy) Months	Doys Hours Min.
10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN	IESS OR 11 BIRTHE	LACE (County & Stote, or foreign	country) 12 CITI	ZEN_OF WHAT
during most of working life, even if retired) INDUSTRY	10	IRGINIA_Tim	banus I I U (S	ZEN OF WHAT
Housewife Own non	I M MOTHE	R'S MAIDEN NAME	ретуттие	
WILLIAM H. MILLER	JAI			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17. INFORMANT		Address	
(Yes, no, or unknown) (If yes give wor or dotes of service)	MEMORIA	AL HOSPITAL	, CUMBERLA	ND, MD.
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), once	(c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cereb	ral Vascular	Accident		ONSET AND DEATH
4221 DUE TO				
	iosclerotic	Condia mass	ulam Dia	
use to immediate couse (a), (	TOSCIETORIC	OSTOTOWASS	GTAL DISC	250
stoting the underlying couse (c)				MINISTER OF
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT DELATED TO THE TEDMINAL	DISEASE CONDITION GIVEN IN	PAPT 1(a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BO			PART I(0)	PERFORMED?
Fracture right HipDi  200. ACCIDENT WAS UNDERLYING   200. OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFE MEDICAL FRAMINE)				YES NO
20b. DESCRIBE HOW  OR CONTRIBUTING CLAUSE OF DEATH	INJURY OCCURRED. (Enter noture	of injury in Port I or Port II o	f item 1B.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCUI			y or town) (Cou	nty) (Stote)
Hour o.m.  p.m.  19  While of work of w		ice bldg., etc.)		
21. I certify that (I) (this haspital) attended the d		19.0 Itm	D 14 19	, that (I) (we) la
saw the deceased alive on October 25	eceased fram <b>1.954</b>	curred of 1910:40 fro	m causes and on th	
220. SIGNATURE	2 3, 410 11141 404111 01	,		TE SIGNED
Myllen Viewfal	M.D. PHYS.	NG MED. DIRECTOR	STAFF DOCT	.27,1967
22c. PHYSICIAN'S	1 001 4		MD.	,2001
NAME (Type) DR. G. O. HIMMEL	WRIGHT 220. C	OMBERLAND,	NIO .	
OR BURNAL COCHATION AND DATE THEREOF LOS MAN	NE OF CEMETERY OR CREMATORY	T and Location	ON (City or Town)	(Causty) (State)
DEMOVAL (See 16.)			, ,	(County) (Stote)
	lcrest Burial		rland Md A	leganny
James F. Scarpelli, Cumberla	DRESS	250. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SI	GNATURE
owwon r. scarbertr, onwherrs	mu , Ma	DATACT SA TO	ct mel. e	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 2 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	13935			CERTIF	ICATE	OF DEATH				132	237
	PLACE OF DEATH					2. USUAL RESIDENCE (	Where deceos			ence before	odmission)
1	o. COUNTY	LEGANY		MARY	/LAND	a. STATE	TAND	b. ((	YTAUC	TEGA	NV
H		If outside corporate limit	'S,	C. LENGTH OF STAY I		c. CITY OR TOWN (If as	A STATE OF THE PARTY OF THE PAR	te limits, write	411	Add to be de-	
	write RURAL and	give nearest town)		CO TRIBAD	0	· ·	TBURG				01-1
$\vdash$	d NAME OF HOSPIT	AL OR INSTITUTION (If n	at in hasnital	60 YEAR	2	d. STREET ADDRESS	TDUNG	<i>I</i>		l e.	IS RESIDENCE
	168					168	WEST	MATA	CONDITION	V ITM	ON A FARM?
3	NAME OF		irst	Middle		Last	4. DATE	M	onth	Day	Year
	DECEASED	JUL		moure	m.v.	CINO	OF				
_	(Type or print)	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	DEATH 9	AGE (In years	BER I IF UNDER	R I YEAR	19 67 IF UNDER 24 HRS
			WIDOWED		느			last birthdoy)	Manths	Days	Haurs Min.
	'EMALE	WHITE  (Give kind of work done		IND OF BUSINESS OR	, LI	de determination from 1 th and	891 7	6 yrs	1 10 6	ITIZEN OF	WHAT
dur	ing most of working HOUSEW	life, even if retired)	IN	DUSTRY		11. BIRTHPLACE (County				OUNTRY?	*******
	FATHER'S NAME	FE	I OW	N HOME	100	SPEZZANC  14. MOTHER'S MAIDEN		WZO, 1	PALY	U.S	A
13.		1 4 1 477777 4 4 7 7 7 7 7 7 7 7 7 7 7 7		370							
			VIGLIA		1.77	TOM	KNOW				111111
15. (Y	. WAS DECEASED EVE es, na, ar unknawn)	(If yes give war or dates	af service) 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		FROST	BURG,	MAR	YLAND
J	10	N.A.		NONE	MRS	. VERA PI	FALO.	174 W	EST M	AIN	STREET
	Conditions, if any rise to immediat stoting the under	, which gave ) e cause (a), (	(b) Ch	RONIC	ARTA	erioscles	edic	HEART	DISEA	6	mos.
ATION	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO 1	HE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(o)		19. YES	WAS AUTOPSY PERFORMED? S NO
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Part I or Port	t II of item 18.)			
MEDICAL	20c. TIME OF INJ Haur a. p.	10	20d. I While at war			TE OF INJURY (Home, formary, street, affice bldg., etc.		(City or town)	(0	County)	(Stote)
	21. I certi	fy that (I) (this ha	spital) atten					0/0			at (I) (we) lo
	saw the d	eceased alive an_	10/2	9 19 67	and that	death accurred at	N	I, fram causi	es and an	the date	stated abar
	22a. SIGNATURE	Paire	Str	eng	М.[		MED. DIRECTOR	STAFF PHYS.	22b.	DATE SIGNE	167
	22c. PHYSICIAN'S NAME (Type		E STR	ONG, M.D		22d. ADDRESS 167 E.	MAIN	ST.,	FROST	BURG	MD.
230	BURIAL, CREMATI		IEREOF	23c. NAME OF CEMI	ETERY OR	CREMATORY	23d. LO	CATION (City or	Tawn)	(County)	(State)
B	REMOVAL (Specify	NOV.2	1967	ST. MIC	HAET	S CEMETER	y FF	ROSTBU	RG.	MARY	T.AND
124	FUNERAL DIRECTO	OR COLUMN O	TT A TRIVE	ADDRESS		25a. REC'	D BY REGISTR		REGISTRAR'S	SIGNATURE	
T.	mriting 1	SOWERS	HAFEF	R-SOWERS	FUNE	GRAL MINI	13	1967 6	Cleare	as lu	det.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and camperely titled in by the fuf director, page 3 should be detached far use as the burial-transit permit. Then please remave caches papers. Pages shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after

VR A15 (4) \$20 M 1/66

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within 24 hours ofter deoth.

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be

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After this certificate has been

TO FUNERAL DIRECTOR:

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**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely the in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave cached papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

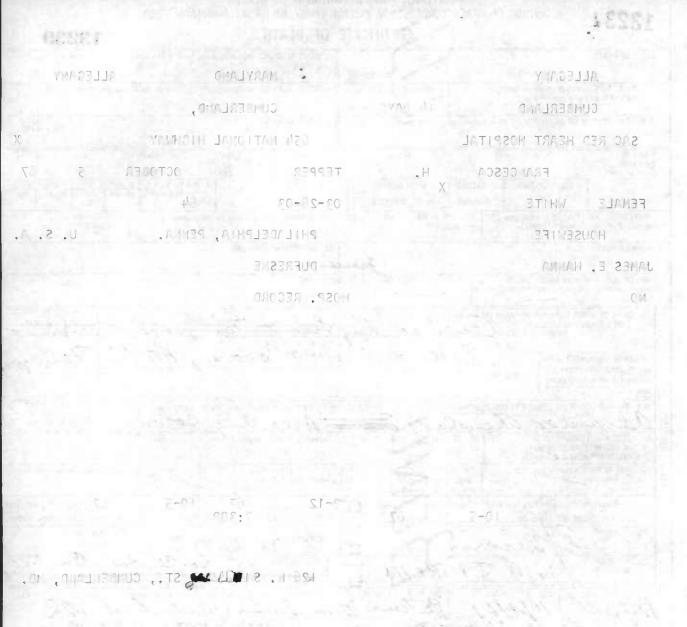
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Poge 4 moy be retained by the hospital or oftending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				CEKIIFIC	AIE	OF DEATH			3	132	39	
	LACE OF DEATH COUNTY	LLEGANY		MARYLA	ND.	2. USUAL RESIDENCE ( a. STATE	Where dece	b. COU	NTY			n)
b.	CITY OR TOWN (I	f outside corporate limit	te	c. LENGTH OF STAY IN		c. CITY OR TOWN (If at	1			LEGA		
	write RURAL and	give nearest town)	3,		10				KAE unu give	Heures	Tuwiij	/
- 1		JMBERLAND AL OR INSTITUTION (If n	:	14 DAYS		d. STREET ADDRESS	BERLA	INU,			. IS RESID	NE NICE
a.				live street address)							ON A FA	RM?
		HEART HOS				654 NAT		HIGHWAY		Y	ES	NO X
	AME OF ECEASED		irst	Middle		Last	4. DATE			Day	Yeo	ır
(1	ype or print)	FRANCE	T	Н.		TEPPER	DEAT			5		67
S. SE	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	Manths 1	YEAR Days	Hours Hours	24 HRS. Min.
	FEMALE	WHITE	WIDOWED	DIVORCED		03-28-03		last birthday) 64 yrs.		5412		
10a. l	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, ar	foreign country)		IZEN OF JNTRY?	WHAT	
aviiil	g mast af working HO	JSEW I FE	IN	DOJIKI		PHILADEL	PHIA,	PENNA.		U	. S.	A.
13. 1	FATHER'S NAME				-	14. MOTHER'S MAIDEN	NAME					
	JAMES E.	HANNA		7	m	DUFRESNE						
15. 1	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17. 1	NFORMANT		Addr	ess	-		-
(res,	NO	(If yes give war ar dates	DI ZGLAICG)		H	OSP. RECORD						
		ATH (Enter only one can	use per line far	(a), (b), ond (c).)	2						RVAL BETY	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of a faire Rup funct Tamponade Tomas  DUE TO Conditions, if ony, which gave)  (b) Afterios cleratic & Coronasy Art Dis Flew you												
	4201		10	1	1			4 1	0.	-		
	Conditions, if ony,		(b) les	Hemosch	eri	The + Con	ono	Hen AVT	Dis	7.	ايم	you
	rise to immediate stating the under			····								1
	last.	iying toose	(c)									
7	PART II. OTHER SIG	SNIFICANT CONDITIONS (	ONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CO	NDITION GI	IVEN IN PART 1(p)			WAS AUTO	
100	aleva	nced ai	Renol	200		Ascen	duic	Color	7	YE	PERFORMI S	NO T
	20a. ACCIDENT WAS	UNDERLYING [			JRRED.	Enter nature of injury in	Part I of P	ort II af item 1B.)			70	
		CAUSE OF DEATH MEDICAL EXAMINER)										
- F	20c. TIME OF INJU	RY Manth, Day, Year	20d. IN	IJURY OCCURRED 2	Oe. PLAC	E OF INJURY (Home, form	n, 20f.	(City ar tawn)	(Cou	inty)	- (	State)
MED	Haur a.n	10	While at wark	Not While		pry, street, affice bldg., etc.		-				
-		l.			am (	9-12	967	to 10=5	106	7 the	at (I) (v	vo) lact
		ceased alive an		19 <b>67</b> an	d that	death accurred of	7:30F	M. from couses				
-	22a. SIGNATURE	12/2	• •	, , <u></u>				,	22b. DA			35576.
		Mu	ster		M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.				
-	22c. PHYSICIAN'S	1	C A	0 . /		22d. ADDRESS	15	So, Cer	tre.	_0	unil	20,0
	NAME (Type)	/Dr. H	· V. M	IRK/N		126 N. S	K-Wall	DAD ST.,		REAN	D	Day
	BURIAL, CREMATIO		EREOF	23c NAME OF CEMETE		REMATORY		LOCATION (City or To		(Coupty)		ote)
1	Semoval (Specify)	10/9	167	Restlawn	m	omo Darde	4	umhere	and	1	18	
24.	FUNERAL DIRECTO		tein	ADDRESS		25a REC	BY REGIS	TRABET 25b.	GISTRAR'S SI	GNATURI	E dan	
	LOUIS S'	TEIN, INC.	117	FREDERICK	ST.	DATE	11	1901	marke	A	0	•
			CU	MBERLAND, M	D.	21502						



LOUIS STÉIN, N.C. 117 FRENTRICK ST. CHASTREND, MA. 2 502

24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complately filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3232 CERTIFICATE OF DEATH 13240

	.'			4 4 7 1 4 7								
PLACE DF DEAT     a. COUNTY	Allegany		МАБ	RYLAND	2. USUAL F a. STATI	Mary	Where deceased land	b. COUN	titution: Re TYLLIE	sidence be	efore admi	ssion)
b. CITY OR TOV write RURAL	VN (if outside corporate and give nearest town	e limits,	c. LENGTH OF STA		c. CITY OR	TOWN (If out:	side corpora	te limits, wri	te RURAL	and give	nearest t	town)
	SPITAL OR INSTITUTION			addross)	d. STREET A	DDDESS	10			l a	IS RESID	ENCE
	llen Ave.	it (ii not iii no	spital, give sticet	dutiessy	89 M				18		ON A FAR	
3. NAME OF DECEASED (Type or print)	Fir Manue I	-	Middle uiros	T	Last	4.		Month	15	Day	Year 19	57
5. SEX Male	6. COLOR OR RACE	7. MARRIED   WIDOWED	NEVER MARRI	-	an.1,18		9. AG	E (In years birthday)	IF UNDER 1 Months			4 HRS. Min.
10a. USUAL OCCUPA during most of work Mercha	TIDN (Give kind of work of king life, even if retired	ione 10b. KI	ND DF BUSINESS (DUSTRY	OR	11. BIRTHP Spain	LACE (County	& State, or fo		USA	TIZEN DE UNTRY?	WHAT	
13. FATHER'S NAM	ME				14. MDTHE	R'S MAIDEN	NAME					
	Alvaro Qui	ros			Carn	nen Tuy	2					
15. WAS DECEASED (Yes, no, or unkown)	EVER IN U.S. ARMED FDI (If yes give war or dates of	RCES? 16. S service) 214	32 3048		INFORMANT	ra Dunn	Re	Addres	Mic	h .		
	DEATH [Enter only one EATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) My (	ne for (a), (b), and ocardial		arctic	on				INTERV ONSET 15	AL BETW AND DE hrs	ATH
Conditions, If gave rise to cause (a), s underlying cau	any, which immediate stating the DUE	(b) Sec	quilla c	of op	eratio	on for	chol	elith	iasi	3.	4 m	os.
PART II. DTHER  2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITIO		TING TO DEATH BUT	TNOTRELA	TED TO THE TE	RMINAL DISE	ASE CONDITI	ON GIVEN IN	PART 1(a)		VAS AUTO PERFORME	
	WAS UNDERLYING CAUSE DE DEAT OTIFY MEDICAL EXAMIN	TH IER)	ESCRIBE HOW INJ	IURY OCCU	RRED. (Enter	nature of Inj	ury in Part I	or Part II o	f Item 18.			
Hour a.	INJURY Month, Day, \ .m. 19	fear   20d. IN While at work	Not While at work		CE DF INJURY ry, street, offic		20f. (City	or town)	(Cou	nty)	(Sta	ite)
saw the de	fy that (I) (this hosp eceased alive on	ital) attende	d the deceased 19 67,	from_S and that	ept 5 death occur	red at 3 • 3	7, to 10 Opp from t	/15 he causes	_, 19_6 and on th	e date :	stated al	last
22a. SIGNATU	well Was	queten	Q/	M.D	ATTENDIN	G MED		STAFF PHYS.	22b. DA	IL SIGN	67	
1	Type) James Wo.		Sr. M.J.		Gree	en St.						
23a. BURIAL, CREI	MATION, 23b, DATE T pecify) 10/18/6		St. Rete	er 's	OR CREMATO		23d. LOCAT Wester	nport,	Md.		(State	e)
24. FUNERAL DIR	ECTOR	We	sternpss:	t, Md.		DATIOCT	BY REGISTRA		GISTRAR'S			

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13241 13238 CERTIFICATE OF DEATH requires that the death certificate be executed-within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 40 YEARS LA VALE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 422 NATIONAL HIGHWAY 422 NATIONAL HIGHWAY YES NO V NAME OF First Last 4. DATE Year DECEASED RUSSELL S. WAGNER DEATH (Type or print) OCT S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF LINDER 24 HRS lest birthdoy) Doys Months Hours DEC. 15,1906 WIDOWED DIVORCED MALE WHITE pup 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? USA MANAGER BANKTNG FROSTBIRG. MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal PETER H. WAGNER MARGARET SHERRY attending permit. The 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war or dates af service) 9 MRS. DOROTHY WAGNER LA VALE, MD INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o). DUE TO far use as the I stating the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO. this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While ot work 1966 ta 10/6 21. I certify that (1) (this haspital) attended the deceased fram. be retained and that death accurred at 9 PM, fram causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an\_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR M.D. PHYS. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) S. CENTRE ST. RHETT RATHBONE, M.D. CHMBERLAND. director, 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BURTAT REST LAWN MEM. GARDENS CUMBERLAND 9.1967 MARYLAND 24. FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

CUMBERLAND, MD.

VR A15 (4) 20 M 1/66

SESSET. July 8 1 A CALL CONTROL OF THE PROPERTY CONTRACTOR OF THE RESIDENCE OF THE PARTY OF

13242

13240

CERTIFICATE OF DEATH

funeral and er death	1. 1	PLACE OF DEATH D. COUNTYALLEGANY MARYIAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY b. COUNTY					
after of after of after of		MAKTEARD	o. STATE MARYLAND b. COUNTY ALI	LEGANY				
haurs afte n by the f s. Pages haurs afte	'	o. CITY OR TOWN (If outside corporate limits, write RURAL OF STAY IN 16 65 DAYS	CUMBERLAND, MD.	O / I				
24 hau ed in b opers.	(	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  MEMORIAL HOSPITAL	d. STREET ADDRESS  852 CAMDEN AVE	e. IS RESIDENCE ON A FARM? YES NO				
within within the popular to within		NAME OF DECEASED RALPH R	WEBSTER 4. DATE OF OCT.	Doy Year 67				
camplefely The	S. 1		8. DATE OF BIRTH  11-18-01  9. AGE (In yeors IF UNDER Months With Months III)	1 YEAR   IF UNDER 24 HRS. Doys Hours Min.				
ate be execut cian and cam ease remave and in any ev	10o. duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)  School Sup t Allegany County	11. BIRTHPLACE (County & Stote, or foreign country) 12. CIT	UNTRY? U.S.A.				
ertificate be execut physician and cam en please remave oval, and in any ev		FATHER'S NAME ENNIE WEBSTER	14. MOTHER'S MAIDEN NAME ISADORA DANIEL					
that the death certificate be executed within 24 haurs after deat an.  by the attending physician and camplefely the in by the funeral transit permit. Then please remove carban papers. Pages 1 and crematian, or removal, and in any event, within 72 haurs after deep crematian,		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service)  NO  214-16-2042	INFORMANT MEMORIAL HOSPITAL CUMBER	LAND, MD.				
nat the a.y. the air		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	Corlinono Bladder	INTERVAL BETWEEN ONSET AND DEATH				
requires that to physician signed by the burial-transit burial, crema		Conditions, if ony, which gove rise to immediate couse (o), (b)  DUE TO  Server langes meliate to the course (o), (b)	oslaves to lones	8 month				
ding ding seen the tro		stoting the underlying couse   DUE 10   (c)						
The loan attention to the loan attention to the loan attention attention attention to the loan attention a	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO				
spital certificated far and far af He	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Part I or Part II of item 18.)					
G PHY the ho r this c detach	MEDICAL		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	unty) (Stote)				
renbino ned by R: After old be the Stat		01 I contife that (I) (this baseled) attended the deseased from	at death accurred at 45A M, fram causes and an t					
OR ATI		220. SIGNATURE	D. ATTENDING MED. STAFF 22b. D. PHYS. DIRECTOR PHYS.	Def. 67				
		22c. PHYSICIAN'S NAME (Type) DR. W. A. VAN ORMER	CUMBERLAND, MD.					
Page 4 may O FUNERAL director, po	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)		(County) (Stote)				
VR A15 (4)	24	FUNERAL DRECTOR Jr. 230 Balto Ave. Cumb	rial Park Near Cumberland 250. RECU BY REGISTRAR 250. REGISTRAR'S CELL PROPERTY PROP	IGNATURE				

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

										de	DICTER.	•
1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where de			nce befor	re odmissir	on)
16	o. COUNTY	LEGANY		MARYLAND		o. STATE MARY	LAND		OUNTY	ALLE	GANY	
Г	b. CITY OR TOWN (	If outside corporate limits,		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If ou			RURAL ond giv	ve neores	st town)	
	CL	give neorest town) IMBERLAND		3 DAYS		WEST	ERNE	PORT,			0	1=1
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not	in haspital, g	ive street address)		d. STREET ADDRESS					e. IS RESIDE	DENCE
<i>-</i>	SA	CRED HEART	HOSPIT	AL		ROUT	E #	BOX 127				NO X
3.	NAME OF DECEASED	Firs	it	Middle		Lost	4. DA	TE N	lonth	Doy	/ Yes	ar
_	(Type or print)	VIRGI		SAYVILLE		HITE	OF DE/	1101	OBER	21		67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	]   8	. DATE OF BIRTH		9. AGE (In years lost birthdoy	IF UNDER Months	1 YEAR Doys	IF UNDER	R 24 HRS. Min.
L	FEMALE	WHITE	WIDOWED	DIVORCED		12-31-15		51 Yr.				Mill.
		(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County			((	ITIZEN OF DUNTRY?	)	
-	HOUSEW	FE		2031111		ALLEGANY C		MARYLAND		JOHNKI .	U	SA
13	3. FATHER'S NAME					14. MOTHER'S MAIDEN 1						
		JS MILLER				MM WHI	TTI					
0	S. WAS DECEASED EVE (es, ng, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	convice			NFORMANT		A	ddress			
			1	5-26-9975		HOSP, RECOR	RD .	7				
	18. CAUSE OF DI	EATH (Enter only one cous TH WAS CAUSED BY:	e per line for	(o), (b) and (c).)	1	0.	1	h. har	2		ERVAL BET	
	14 2 01	IMMEDIATE CAUSE (		acul.	10	agrenia	PX	fice	in	-		
	Conditions, if ony	DUE 1		10 Maga	. /	The	1/1	Chipen	e >	1	all	9
	rise to immediat	e couse (a),	b)	0000000	tu	o very	de			-	70	
	stoting the unde	riving couse	(c)	0								
2	PART II. OTHER S	MIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELATED	TO T	HE TERMINAL DISEASE COM	NDITION	GIVEN IN PART 1(a)		19.	WAS AUTO PERFORM	OPSY IED2
ATIO	A	evere (	enen	na						Y		NO 🗌
CERTIFICATION	L LIFETIMEN, NOTIFI	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCCURI	RED. (	Enter noture of injury in	Port I or	Port II of item 1B.)	7-1-5			
MEDICAL	20c. TIME OF INJU Hour o.r	10	20d. 1N While of work	Not While		E OF INJURY (Home, form ry, street, office bldg., etc.)		Of. (City or town	(Co	ounty)	(	(Stote)
			ital) ottend	led the deceased from	n	10/18,1	967	, to /o		67, th	not (I) (	we) las
		eceased alive on_)	19/	2/ 19-7, and	that	death accurred of	1.40	M, fram cause				obove
	220. SIGNATURE	14	ly		M.D	ATTENDING PHYS.	MED. DIRECTO	R STAFF	22b. D	ATE SION	ED -3/6	7
	22c. PHYSICIAN'S NAME (Type)	JA A PAR	AN. M.	D.		22d. ADDRESS	СТ	RIDGEL	EV U	VA.		
23	a, BURIAL, CREMATIC	DN 23b. DATE THE		23c. NAME OF CEMETERY	OR C	REMATORY	23d.	LOCATION (City or	Town)	(County		tate)
1	REMOVAL (Specify		5/67	Philos	5		M	, ,	RNDOR	1	M	d.
1	4. FUNERAL DIRECTO		0.	ADDRESS	МГ	2So. REC'E		ISTRAR 2Sb.	REGISTRAR'S	SIGNATUR	RE	-1
	ELLSWORT	H BUML SOZ	C V	ESTERNPORT,	ME	DAGCT	2 8	1967	Meliare	By X	udge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely timed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospitol or attending physicion.

VR A15 (4) 25M 1/67

P.P.SC.F					
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21 57	SET C TOC	STIFF	X SAY IFFE	1 1751	
	Tê	(1-131-1)			FEHALE
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	CTS LTTI	IN KA		JS MILLER	COLUNCO
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	mare the Vi	iş.		5 = /2 ]	S. J.
Lander Contract	Talle S To	.01	WESTERN 20RT,	J (8 H)	ELLSNOR

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13244

÷ - 2 ÷		
death.		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
		O. COUNTY ALLEGANY MARYLAND O. STATE MARYLAND B. COUNTY ALLEGANY
offee of the state		b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
by the Pag		write RURAL and give negres town) CUMBERLAND 2 DAYS 5HRS. CUMBERLAND (RURAL)
24 ho d in pers. 72 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)    d. STREET ADDRESS     e IS RESIDENCE
n 24	L	MEMORIAL HOSPITAL RT. #2, DEHAVEN ROAD YES NO
within within	3.	NAME OF First Middle Last 4. DATE Month Day Year OF
ラ を 5 ま	-	(Type or print) CHARLES N. WILKINSON   DEATH OCTOBER 2, 196/
camp ave y eve		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS.
executing cample remave		IALE WHITE WIDOWED   DIVORCED   8-22-1898   69 Yrs.
and and rem in an	100	. USUAL OCCUPATION (Give kind of work done in mast af warking life, even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign cauntry)  11. BIRTHPLACE (Caunty & State, or foreign cauntry)  12. CITIZEN OF WHAT COUNTRY?
rtificate b physician en please aval, and i		ing mast of warking life, even if retired)  LIQUOR STORE CUMBERLAND, MARYLAND  COUNTRY?  USA
fica ysic ple ple	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ne death certific attending phys permit. Then p ian, ar remaval,	10	HARLES N. WILKINSON CLARA THE THE BREDING
th cling	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 1.6 SOCIAL SECURITY NO. 1.7 INFORMANT Address
attendi attendi permit. an, ar r	(40	s, no, ar unknown) (If yes give wor or dates of service) 2111-07-0782 MEMORIAL HOSPITAL CUMBERIAND, MD.
aff per an,	F	NO 214-07-0782 MEMORIAL HOSPITAL, CUMBERLAND, MD.  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  INTERVAL BETWEEN
t t t t t t t t t t t t t t t t t t t		PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
that t an. by the transit crema		11/1/3 IMMEDIATE CAUSE (a) LEVELTA CHILDEN MARCHINE SAM
icid led led led led led led led led led le		DUE TO William !
hys gne gne Jrio		conditions, if ony, which gove nise to immediate cause (a), (b) All Chensury are all the original and the cause (a), (b) All Chensury are all the original and the cause (b), (c) and (c) are all the conditions are all the conditio
req ig p in si in si in si in si		stoting the underlying cause DUE TO
din din th ar t		lost. (c) Jestala Vasculos disease
tten as t as pri	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?
The see of	CATION	YES NO DE
an and and and and and and and and and a	FIG	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)
可能指導を	CERTIFI	OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYS has te sche sept.	3	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State)
he this	MEDICAL	Hour a.m. While Not While factory, street, affice bldg., etc.)
ING py t ter ter tate	-	p.m. 19 of work at wark
d b d b d b d b		21. I certify that (I) (this haspital) attended the deceased fram 9-29-, 1967, to 2-, 1967 that (I) (we) last
Sel e		saw the deceased alive an 1967, and that death accurred at 4:251, Am Mauses and an the date stated above
A to the state of		220. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED
OR DIR DIR Je 3		THE DIRECTOR LI PHYS. LI DIRECTOR LI PHYS. LI LOIZ (6)
		22c. PHYSICIAN'S 22d. ADDRESS
SPITAL 4 may IERAL or, pa d be fi		NAME (Type) DR. W. F. WILLIAMS CUMBERLAND, MARYLAND
ro Hospital Page 4 may ro Funeral director, pag	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Page direct		Burial Oct. 5, 1967 Sunset Memorial Park Cumberland Allegany Md.
[7]/	24	FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 250 R
VR A15 (4) 25M 1/67		H. Lee Silcox 404 Decatur St. Cumb. Md. DCT 5 1967 glarles guisge.
N/	-	THE DITTOR HOLL DECAULT DO OMILLO LIGO

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	NT. #2, DEHAVE	JAT 192	HEMORY NE. H	
	OTAO NO KCE GUIW . R		23.19.000	
	mon Di 5-22-16985 Il 60		STIM	3344
/21	STORE COMBERLAND, IMPRILAN			
	CLARA METALE		0.5 ( ) 1	2309440
and the same of	THAT, OWN. HEEROU	CMAT.	SE W SE	
Living 1947	Self v 130			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 25M 1/67

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13245

13243

CERTIFICATE OF DEATH

- Company	-		
S. S. S.	1.	. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)
14年)		a. COUNTY ALLEGANY MARYLAND	a. STATEWEST VIRGINIA b. COUNTY
Sagar	T	b. CITY OR TOWN (If autside carparate limits.   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Page		write RURAL COUNBERLAND, MD. 3HR 25 MIN	PIEDMONT 75.3
1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	1	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
on papers. Pour vithin 72 hou		MEMORIAL HOSPITAL	26 GREEN STREET ON A FARM? YES NO
V C Z	3.	3. NAME OF First Middle	Last 4. DATE Manth Day Year
		(Type or print) GERALDINE L. WIL	KINSON DEATH OCTOBER 20 1967
	S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
remove only ev		FEMALE WHITE WIDOWED DIVORCED X	MARCH 5, 1926 41 yrs.   Molinis   Days   Molins   Min.
0	10	Oa. USUAL OCCUPATION (Give kind af wark dane luring mast of working life, even if retired)	11. BIRTHPLACE (County & State, ar foreign country)  12. CITIZEN OF WHAT COUNTRY?
sicion please I, and i		WAITRESS	MORGANTOWN. W. VA. U.S.A.
SC	1.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ottending phys permit. Then p ion, or removol,	L	JAMES P. WILKINSON	ELIZABETH GERRENS
	1	(Yes no grunk nawn) (If yes give war or dates of service)	INFORMANT Address
ottendi permit. ion, or r	L	no 213-22-3047 N	MEMORIAL HOSPITAL, CUMBERLAND, MD.
		18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c), PARY 1. DEATH WAS CAUSED BY:	O INTERVAL BETWEEN ONSET AND DEATH
by the ransit crema		IMMEDIATE CAUSE (0) theart to	eliare distribution
70 1 -		DUE TO	(Q) 1 12/115
signed burial-t burial,		Canditions, if any, which gave rise to immediate cause (o),	(Chelinny)
0 0		stating the underlying cause   DUE TO (c) Carcument	way (massive) Breastly 495
e has bee use os th olth prior t	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?
ficote ha for use Heolth	ATIO		YES NO Z
certificate has hed for use o	CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Part I ar Part II af item 18.)
hed to of			
r this certi detached te Dept. o	MEDICAL	20c. TIME OF INJURY Manth, Day, Yeor 2Dd. INJURY OCCURRED 2De. PL. Haur a.m. While Not While far	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) 20f. (City ar town) (County) (State)
er the de	W	p.m. 19 at wark 🗀 at wark	
After d be e Stat		21. 1 certify that (1) (this haspital) attended the deceased from_	at death accurred a 8:10 PM from causes and on the date stated above.
Oct -			
% sh with	1	220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
ge ge		22c. PHYSICIAN'S	I.D. PHYS. DIRECTOR PHYS. L
TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAME (Type) F.B.WHITWORTH. M.D.	305 WASHINGTON ST., CUMBERLAND, MD
ctor	2	230. BURIAL, CREMATION, 23b. DATE THEREOF 23 23c. NAME OF CEMETERY OR	
dire sho		Buremova (Specify) 10/23/67 Philos	Westernport Md.
= (1/1)	-	24 FUNERAL DIRECTOR / ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNAFURE
R A15 (4) 5M 1/67	1	Westernport, Md.	DAGCT 2 4 1967 Miliandas Judgen

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CHARGERLAND, VO. 31E 2 MIN. TIEGNORM

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CERALDINE L. WILMINSON MAD DEFORE 20

WALTERS STATE CONT. W.VA. PERSON. W.VA.

ANTES P. WILKINGON
ELIZAMETH BERRENS
HS
L-U-10-7 MELIONIAL MOSSITAL, CUMBERLAND, UL.

T.S.W. INC. T. C. W. S. I. C.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13246

-1		Taka.		CERTIFICATE OF DEATH							
1	1. F	COUNTY ALI	EGANY		MARYL	AND	2. USUAL RESIDENCE (Whe			LEGANY	
	b. CITY OR TOWN (If outside corporate limits, write RURA MBTERECTATIVED)				c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If autsic	nearest tawn)			
	(		ORIAL HOS		ive street address)		d. STREET ADDRESS	30X 151 A		e. IS RESIDENCE ON A FARM? YES NO	
	(	IAME OF DECEASED Type or print)	ARCHI		Middle <b>EARL</b>		WINTERS	OF OCTO		5 67	
		MALE	6. COLOR OR RACE  WHITE	WIDOWED	NEVER MARRIED DIVORCED		4-16-1898	9. AGE (In year last birthda	Y) Months	Doys Hours Min.	
	IDa. USUAL OCCUPATION (Give kind af wark done during mast of working life even if retired)  IDb. KIND OF BUSINESS OR UNDUSTRY					11. BIRTHPLACE (Caunty & Stote, or fareign cauntry)  CARLOS, MD.  12. CITIZEN OF WHAT COUNTRY?					
	13.	FATHER AND S	M WINTER	S			14. MOTHER'S MAIDEN NAMELIZABETH		375	0.3.M	
			R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)	SOCIAL SECURITY NO. +-01-6732	4.4	NFORMANT EMORIAL HOS		Address UMBERL	AND, MD.	
			ATH (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE	use per line far	(a), (b), and (c).)		wer bronchus			INTERVAL BETWEEN ONSET AND DEATH	
		Canditions, if ony, rise to immediat stating the unde lost.	which gove e couse (a), lying cause	(b) TO							
2	CERTIFICATION	Met 2Da. ACCIDENT WAS OR CONTRIBUTING	astasis to	bone.	Anthrosili	cosi	H TEMMA DESAS SONDI S. Uremia, C Enter nature of injury in Par	oronary Ar	terioscl	La Oliver	
	MEDICAL	Haur a.r p.r	1. 19	While at wark	Nat While at work	facto	E OF INJURY (Hame, farm, ary, street, office bldg., etc.)	2Df. (City or tow		inty) (State)	
D			y that (I) (this has	spital) attend	ded the deceased f	ram_A nd that	death accurred at 5	75:25 P.M			
		22a. SIGNATURE	Jane J	nobs	~~	M.D		ED. STAFF PHYS.	<pre>10/</pre>	TE SIGNED 7/67	
		22c. PHYSICIAN'S NAME (Type)			ACOBSON			AND, MD.			
Е	22-	BURIAL, CREMATIC	IN. 23b. DATE TH	EPENE	23c. NAME OF CEMET	FRY OR	PEMATORY	23d. LOCATION (City	Tanal	(County) (Stote)	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## CERTIFICATE OF DEATH

13247

r death.	M		PLACE OF DEATH D. COUNTY Allegany	MARYLAND	CTATE	Where deceased lived, if institution: Resider	nce befare admission)	
after the fun ges 1 after		ŀ	o. CITY OR TOWN (If autside carparate limits,	. LENGTH OF STAY IN 1b	U	tside carparate limits, write RURAL and giv		
ours afte by the f Pages aurs afte	104		write RURAL and give nearest town) Cumberland	8/1/1967		irg, Maryland	011	
七 多元	- 9	(	I. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give		d. STREET ADDRESS	- 07	e. IS RESIDENCE ON A FARM?	
poper illed	90		ALLEGANY COUNTY INFIRM	ARY	95 Or	mond St.	YES NO A	
25/3			NAME OF First	Middle	lost chell	4. DATE Month OF October	Day Year 1. 1967	
unted imple ve car event,		5.	Type or print) Martha  SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH			
nd cample remave car		J	Female White WIDOWEDXIX		11/14/1886	last histhday) Manths	Days Haurs Min.	
that the death certificate be executed on.  by the attending physician and cample ransit permit. Then please remave ca rematian, ar remaval, and in any even		10a. duri	USUAL OCCUPATION (Give kind of work done 10b, KIND	OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country) 12. Cl		
ficat ysici ple al, a	- 20	13.	FATHER'S NAME					
ph hen hen			Mr. Henry Filer		Martha G	reen		
e death certif attending phy permit. Then an, ar remava		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC	TAL SECURITY NO. 17. N	NFORMANT P.O.	Box 599 Cthber1	and, Md.	
e death attendi permit. an, ar re		(16	N.A. N.A. N.C.	JULE				
that the dan. by the attransit pen			18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY:	, (b), and (c).) _ /	1.1.	2/ 10	INTERVAL BETWEEN	
s that t cian. d by the l-transit , crema'			IMMEDIATE CAUSE (a)	Welle for	mar Ma	refficiency	2days.	
S T T			Canditians, if any, which gave )	Ohr A.S.H	.D.	10 Aug	xue usare	
physi physi signe burial burial			rise ta immediate cause (a),	., .,			77	
ding ding een the			stating the underlying cause (c)	arterio-	Sclerosis	Med	ery years	
tten tten as as pric		z			HE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(a)	19/ WAS AUTOPSY	
or o br o te h use alth	2	ATIO	Stuitz dans	autiaz.	X OF Charles		YES NO	
aspital certifica hed far af He		CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCR OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED. (	Enter nature of injury in	Part I ar Part II af item 18.)		
the hor this carthis detact		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. 1NJU While at wark [	Nat While facto			ounty) (State)	
Afte Afte	-		21. I certify that (I) (this haspital) attended					
OR:		-	saw the deceased alive an 10/1/10	6719, and that	death occurred at	13 30		
OR AI be reto DIRECT ge 3 sh led with			220. SIGNATURE De Juliu Legali	er M.C		MED. STAFF DIRECTOR X PHYS. X 10	/ 2 / 1967	
	1		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	al Nassitel Promis	6.12 12)	
HOSPITAI ige 4 may FUNERAL rector, pa	1	22	BURIAL, CREMATION, 23b. DATE THEREOF		CDEMATORY	1 224 OCATION (City or Toy-)	(County) (Contra)	
age FU	1X	Z30	REMOVAL (Specify)					
5 5 5 p	M	- 24		ADDRESS TO	BUSINESS OR  11. BIRTHPIACE (County & State, ar fareign country)  Maryland  14. Mother's Maiden Name  Martha Green  SECURITY NO.  17. INFORMANT P. O. Box 599 Ctifficerland, Md.  ALLEGANY COUNTY INFIRMARY Records.  10. and (c).)  ALLEGANY COUNTY INFIRMARY Records.  INTERVAL BETWEE AND DEAT.  CLUB AND DEAT.  TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OCCURRED Not Place of Injury (Hame, farm, factory, street, affice bidg., etc.)  Not While of work of the deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
VR A15 (4) 20 M 1/66	4)	W	owers Harer	-Sawers Fun	eral Home	T 5 196 Julian	els Judges	

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13246 FOR STATES HEALTH DEPT.

O DEPUTY MEXICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages land 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 6M 1/67

TO DEPUTY MESICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

									11/6	40	
PLACE OF DEATH     a. COUNTY					2. USUAL RESIDENCE	(Where dec	ceosed lived, if institut b. COU	tian: Residen			n)
d. COUNTY	Allegany		MARYLAND	0	o. STATE Mar		lega	ny			
b. CITY OR TOWN	(If autside carparate limits,		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If o						
Cumbe	riand	-	9 wears		Cumb	erla	nd		01-1		
	TAL OR INSTITUTION (If nat in I		ive street address)		d. STREET ADDRESS			181	6	ON A FA	ENCE
Memor	rial Hospita	1F	OOA		Rot	ite 4	. Oldtown	Road	d )		NO TO
3. NAME OF	First		Middle		Last	4. DAT			Day		
(Type or print)	Line	da	Jean		Woods	OF DEA	TH Oct	t.	17	196	57
S. SEX	6. COLOR OR RACE 7. A	MARRIED [	NEVER MARRIED	B	B. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	
female	white w	IDOWED [	DIVORCED [	5 1	Nov. 28,19	357	9 last birthdoy) yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATIO	N (Give kind of work done		D OF BUSINESS OR	_	11. BIRTHPLACE (Stat		n country)	12. CIT	TIZEN OF	WHAT	
during most of working Studen	Life, even if refired)	Elen	nentery Sch	100	1 Cumber	rland	. Md.	COI	TIZEN OF UNTRY?	JSA	
13. FATHER'S NAME			¥		14. MOTHER'S MAIDEN						
	Charles C.	Wood	is		Elear	or W	hitaker				
IS. WAS DECEASED EV	'ER IN U.S. ARMED FORCES?	16. SC		17. 11	NFORMANT		Addre	BSS	Mot	her	
no (fes, no, ar unknown)	(If yes give war or dates af serv	ice)	none	Mr	s. Eleanor	· Woo	ds, Rt.4.	Cumbe	erla	ind.	Md.
	DEATH (Enter anly ane cause pe	r line far (					•		INTE	RVAL BETY	WEEN
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ractured	Ce	rvical Ve	ertek	rae		ONS	SET AND D	EATH
8124	XIIOX	(	Crushed Ch		4				Mir	ute	0
Canditions, if ony	y, which gove		Tustied Oil	60	U				1.1-7	luve	0
rise to immedia	ite cause (a),	18.1					7.4	15			
last.	(c)	(	(Ran into	si	de of Aut	tomok	oile)				
PART II. OTHER S	SIGNIFICANT CONDITIONS CONTRI	BUTING TO	DEATH BUT NOT RELATED	10 1	HE TERMINAL DISEASE CO	ONDITION G	GIVEN IN PART 1(a)		19.	WAS AUTO	PSY
AOL										PERFORME S	ED?
20g. EXTERNAL C. PRIMARY CO or CO		20b. DES	CRIBE HOW INJURY OCCUR	RED. (	Enter nature of injury in	Part I ar	Part II af item 18.)				10 000
	ONTRIBUTING		an into si								
	JURY Manth, Day, Year	20d. 1NJ	JURY OCCURRED 0 20e.	PLAC	E OF INJURY (Hame, far	rm. 201	f. (City ar town)	(Cai	unty)	(	State)
20c. TIME OF INJ. Haur 3: 55 p.	m. Oct. 16 167	While	Nat While Rt	facto	ry, street, affice bldg., etc	1 99 1	Fest Cum	herls	nd	477	MA
21   certif	fy that I took charge of										
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deoin rosor	notoral co	3563	, Accidental,	Julei	CHIEF MEDICA	<u> </u>	-	onner _	1		
ACTUAL SIGNATURE	Boundents	XK.	tarelia)	,					2	2. DATE	SIGNED
1	Tementer o	9111			M.U. DEPUTY MEDI		VER XX Oct	ober	16.	19	67
EXAMINER'S NAME (Type)	BENEDICT SK	LITAF	RELIC, M.D		Address (Stre	et, city, tov	vn, or coutumb	erlar	nd.	Mar	vla
23a. BURIAL, CREMATI			23c. NAME OF CEMETERY	ORC	REMATORY		LOCATION (City or To		(County)		tate)
Burial Burial	Oct.19,1	967				my	Cumberlar	h Ma	A 7 7		
24. FUNERAL DIRECTO	OR		ADDRESS	101	ial Cemete	D BY REG	ISTRAR 2Sb. RE	GISTRAR'S SI	GNATUR	egar	17
James F	. Scarpelli,	Cumb	perland, Md		DATE	OCT		gale	andin	y Green	Agrila .

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